### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

# REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes: MUST be submit	tted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 201254
Gas Gathering System:	Lease Name: FINLEY
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T032S - R036W: SEC 026 NE4 NE4, S2 NE4, SW4, NW4 SE4, NW4 NE4, NW4, NE4 SE4, S2 SE4
Entire Project: Yes No	1117 1127, 1117, 1127 227, 22 22
Number of Injection Wells***	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover P Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	KCC WICHITA
Title:	Signature: <u>Andrew D. Cole</u>
	JUN 1 8 2013
New Operator's License No. 32864	Contact Person: BRENDA WALLER RECEIVED
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection :	authorization, surface pit permit # has been
•	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	•
	aboro apoulor monte, or programme
is acknowledged as	is acknowledged as
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	
PSMIL NO.: NECONDINGUES GARAGE	permitted by No.:
Page.	Date.
Date:	Date:
DISTRICT EPR /D/16/13 F	PRODUCTION 10.17.13 UIC 10-17-13
Mail to: Past Operator New Operato	· · · · · · · · · · · · · · · · · · ·

#### Side Two

#### Must Be Filed For All Wells

Lease Name:	ne: FINLEY - Location: 26 32 36 W N W						
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned		
1	15189001400000	990FNL	990FWL	GAS	ACTIVE		
	_						
CONTRACTOR OF THE STATE OF THE	· ·	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		<del></del>		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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. '		FSL/FNL					
		FSL/FNL			KCC WICHITA		
			FEL/FWL		JUN 1 8 2013		
	The state of the section of the sect	FSL/FNL	FEL/FWL		RECEIVED		
		ESI /ENI	FEL/FWL				

A separate sheet may be attached if necessary

<sup>\*</sup> When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

## CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

2000				
OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATI	ON	_ Well Location:	c. 26 Twp. 32 S. R. 36 Eas X West	
Name: EXXONMOBIL OIL CORPORATI Address 1: P. O. BOX 4358			c. 20 Iwp.32 S. R. 36 EastX West	
		County: Stevens	MAX. II 4	
Address 2:State: _TX			Well #: _1	
Contact Person: ADAM SCOTT	Zip:	wells on a lease, enter the legal description of		
Phone: ( 713 431- 1359 Fax.	713 431-1475		26 NE4 NE4, S2 NE4, SW4, NW4 SE4,	
Email Address: adam.e.scott@exxonmo		- NW4 NE4, NW4, NE4 S	E4, S2 SE4	
Surface Owner Information:				
Name: See Attached	enema com a sum a specialistica com a successiva de como por como como posibilidad de como como como como como como como com	When filing a Form T.1 in	volving multiple surface owners, attach an additional	
Address 1:		sheet listing all of the information to the left for each surface owner.  owner information can be found in the records of the register of deed		
Address 2:	Control Contro		tate property tax records of the county treasurer.	
City: State:	Zip:+	_		
Select one of the following:	ne locations may be entered	ron me roi m C-1 piai, ronn	CB-1 plat, or a separate plat may be submitted.	
owner(s) of the land upon which	nthe subject well is or will be on with this form; 2) if the for	e located: 1) a copy of the Fo m being filed is a Form C-1 o	ve provided the following to the surface orm C-1, Form CB-1, Form T-1, or Form r Form CB-1, the plat(s) required by this	
I have not provided this informati KCC will be required to send thi task, I acknowledge that I am be	s information to the surface	owner(s). To mitigate the ad	I have not provided this information, the ditional cost of the KCC performing this which is enclosed with this form.	
If choosing the second option, submit pa form and the associated Form C-1, Form	ayment of the \$30.00 handli n CB-1, Form T-1, or Form C	ng fee with this form. If the fe P-1 will be returned.	ee is not received with this form, the KSONA-1	
I hereby certify that the statements made	e herein are true and correct	to the best of my knowledge	and belief.	
Date: 6/15/2013 Signature of C	perator or Agent:	had McNulty	Title:Regional Land Manager	
API # :15189001400000	KDOR #20125	4	KCC WICHITA	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JUN 18 2013

RECEIVED

### **Surface Owners**

AP#:	15189001400000	Lease Name:	FINLEY		_ Well #: _1		
Own	Owner Name: FROKS CORPORATION						
	Address: PO BOX 2086						
	City: AUSTIN	State:	TX Zip:	78768-2086			
	ner Name: Address:						
	City:	State:	Zip:				
	er Name: Address:						
	City:	State:	Zip:				
	er Name: Address:						
	City:	State:	Zip:				
	er Name: Address:						
	City:	State:	Zip:				

KCC WICHITA
JUN 18 2013
RECEIVED