KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Flower_22.pdf Form 7-1 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:				
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.: 208252			
Gas Gathering System:	Lease Name: FLOWER			
Saitwater Disposal Well - Permit No.:	Uw jec. 22 Twp. 33 R. 36W EXW			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T032S - R035W: SEC 011 NE4, NW4, S2			
Entire Project: Yes No				
Number of Injection Wells**	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE			
** Side Two Must Be Completed.	Injection Zone(s):			
	injoulor zore(s).			
Surface Pit Permit No.:	teet from N / S Line of Section			
(API No. II Drill Pit, WO or Haul)	feet from E / W Line of Section			
Type of Pit: Emergency Burny Settling	Haul-Off Workover OL Drilling			
./				
Past Operator's License No. 5208 V	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			
THIS. RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole			
Title:	Signature: Zanaza D. Casa			
New Operator's License No. 32864 V	Contact Person: BRENDA WALLER RECEIVED KANSAS CORPORATION COMMISSION			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 KANSAS CORPORTION			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES JUN 1 8 2013			
	Date: 05/31/2013 CONSERVATION DIVISION			
OKLAHOMA CITY, OK 73102	WICHITA, KS			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultre</u>			
Acknowledgment of Transfer: The above request for transfer of injection a				
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the a	above injection well(s) or pit permit.			
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:	permitted by No.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR	PRODUCTION 10-22-13 uic 10-22-13			
Mail to: Past Operator New Operator	or District			

Side Two

Must Be Filed For All Wells

KDOR Lease No.:			* Location:			
* Lease Name: FLOWER Well No. API No. (YR DRLD/PRE '67)		Foolage from S	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
41	5189206280000	1250FNL	1250FWL	GAS	ACTIVE	
	0100200					
		FSL/FNL	FEL/FWL			
-						
		CCL/ENI				
		FSL/FNL		L		
		FSL/FNL	FEL/FW	r		
			LFEUFW	r		
		FSL/FN	L FEL/FW	r		
			LFEL/FV	VL		
		FSL/FN	LFEL/FY	VL		
		FSL/FN	ILFEL/FV	NL		
						
			NLFEL/F\	WL		
			VL FEL/FI	WL		
		FSL/FI				
		FSL/FI				
		FSL/FI	NLFEL/F	WL		
		FSL/F		-WL	Management of the second secon	
		FSL/F				
		FSL/F				
		FSL/F		i	RECEIVED KANSAS CORPORATION COMMISSIO	
		FSL/F			JUN 1 8 2013	
					CONSERVATION DIVISION	

A separate sheet may be attached if necessary

^{*}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.

OPERATOR: License # 5208		Well Location:	4			
Name: EXXONMOBIL OIL CO	RPORATION	and the second desired control of the second		.33 S. R. 36 Eas X West		
Address 1: P. O. BOX 4358		County: Stevens				
Address 2:				Well #: <u>13</u>		
Sity: HOUSTON SI	tate: <u>TX</u> Zip: <u>77210 +</u> +	4358 If filing a Form T-1 to		n a lease, enter the legal description of		
Contact Person: ADAM SCOTT Phone: (713 431-1859	Fax: (713 431-1475	T032S - R035W: SE	-C 017 NE4, NY4	,, 32		
Email Address: adam.e.scotte	<u>B</u> exxonmobil.com					
Surface Owner Information:						
Name: See Attached		sheet listing all of th	When filing a Form T.1 involving multiple surface owners, attach an add sheet listing all of the information to the left for each surface owner. So			
Address 1:		owner information c	an be tound in th	e records of the register of deeds for the y tax records of the county treasurer.		
Address 2:			ar estate propert	, tan room as or the county is a commen		
Cáy:S	(ate: zip:					
الاستوار ومساسية والمستان والاران والإسارة	ha aradialad lacallane at lace	ca mans rank namenes umennes, a	MILL CICLUIL CITY	must supply the surface owners and nes. The locations shown on the plat or a separate plat may be submitted.		
owner(s) of the land u	ipon which the subject well a connection with this form: 2	wher Notice Act (House Bill 2032), is or will be located: 1) a copy of to 2) if the form being filed is a Form of number, fax, and email address.				
	to cond this information to t	owner(s). I acknowledge that, bec he surface owner(s). To mitigate the 0.00 handling fee, payable to the K	HE BUURDHAR LL	NOT OIL THE LACE DELICITION AND AND		
If choosing the second option form and the associated Form), submit payment of the \$30 or C-1, Form CB-1, Form T-1,	0.00 handling fee with this form. If , or Form CP-1 will be returned.	the fee is not r	eceived with this form, the KSONA-		
	mente made herein are true	and correct to the best of my know	ledge and belie	ıf.		
I hereby certify that the stater	Heirs made heleni are ade					
I hereby certify that the staten Date: 6/15/2013 S		M Michael MiNultu	Title:	Pegional Land Manager		

JUN 1 8 2013

Surface Owners

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API#: 15189206280000	Lease Name: _	FLOWER		Well #: <u>1-3</u>	-
_					
Owner Name: JAMES, RICH	ARD & SUSAN				
Address: 583 ROAD 24					
City: HUGOTON	State	: KS Zip :	67951-5169		
Owner Name:					
Address:					
City:	State	: Zip	:		
Owner Name: Address:					
City:	State	e: Zip	:		
Owner Name: Address:					
City:	State	e: Zip) :		
Owner Name:					
Address:					
City:	Stat	te: Zip	o :		

_____ Well #: _1-3

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013