## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Kanass Surface Owner Notification Act,

MUST be submitted with this form

| Check Applicable Boxes: MUST be subm   | itted with this form.  |  |  |
|--|--|--|--|
| Oil Lease: No. of Oil Wells  | Effective Date of Transfer: 7/1/2013                                       |  |  |
| - Cao Coaso, NV. OI Clas Wells   | KS Dept of Revenue Lease No.: 221737                                       |  |  |
| Gas Gathering System:  | Lease Name: GALL B   |  |  |
| Saltwater Disposal Well - Permit No.:  |  |  |  |
| Spot Location: feet from N / S Line  |  |  |  |
| feel from E / W Line   | Legal Description of Lease:  |  |  |
| Enhanced Recovery Project Permit No.:  | T027S - R037W: SEC 009 All   |  |  |
| Entire Project: Yes No   |  |  |  |
| Number of Injection Wells **   | County: Grant  |  |  |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE  | Production Zone(s): CHASE  |  |  |
| ** Side Two Must Be Completed.   | Injection Zone(s):   |  |  |
| Surface Pit Permit No.:  | leet from N / S Line of Section  |  |  |
| (API No. II Drill Plt, WO or Haul)   |  |  |  |
| Type of Pit: Emergency Burn Settling   | Haul-Off Workover A Drilling   |  |  |
| / Seminal Community  | Haul-Off Workover OR 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   |  |  |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT  | Simple Address D. Ada  |  |  |
|  | Signature: Andrew D. Cole RECEIVED  KANSAS CORPORATION COMMISSIO           |  |  |
|  |  |  |  |
| New Operator's License No. 32864 √   | Contact Person: BRENDA WALLER JUN 1 8 2013                                 |  |  |
| New Operator's Name & Address: XTO ENERGY INC.   | Phone: 405-319-3259 CONSERVATION DIVISION                                  |  |  |
| 210 PARK AVENUE, SUITE 2350  | Oil / Gas Purchaser: ONEOK FIELD SERVICES WICHITA, KS                      |  |  |
| 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  | ·  |  |  |
| 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.:  |  |  |
| THE OWN IN THE PROPERTY OF THE | permitted by reu:  |  |  |
| Date:  | Date:  |  |  |
| Authorized Signature /   | Authorized Signature   |  |  |
| , ,  | PRODUCTION OC 22 2013 uic 10-22-3  |  |  |
| Mail to: Past Operator New Operato   | or District  |  |  |

#### Side Time

#### Must Be Filed For All Wells

| KDOR Lease          | a No.: 221737   |                                    |                                 |  |   |  |
|---------------------|---|------------------------------------|---------------------------------|--|---|--|
| *Lease Name: GALL B |   |                                    | * Location: 9                   | * Location: 9 27 37WSW   |   |  |
| Well No.            | API No.<br>(YR DRLD/PRE '67)  | Footage from<br>(i.e. FSL = Feet i | Section Line<br>rom South Line) | Type of Well<br>(Ol/Gas/INJ/WSW)   | Well Status<br>(PROD/TA'D/Abandoned)    |  |
| B1-3 INF            | 15067214010000  | 3460<br>340FSL                     | 342 FWIL<br>BOOFEL              | GAS  | ACTIVE                                  |  |
|                     |   |                                    | <del></del>                     |  | ,                                       |  |
|                     |   | FSL/FNL                            | FEUFWL                          | - William - Will |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  | - · · · · · · · · · · · · · · · · · · · |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  | -                                       |  |
|                     |   | FSL/FNL                            | FEUFWL                          |  | ***                                     |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     | age condition you again.  | FSL/FNL                            | FEL/FWL                         |  | -                                       |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  | <u>-</u>                                |  |
|                     | CALLER CONTROL OF THE ACTION CONTROL OF THE | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  |   |  |
|                     |   | FSL/FNL                            | FEL/FWL                         | KAN  | RECEIVED<br>ISAS CORPORATION COMMISSIO  |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  | JUN 1 8 2013                            |  |
|                     |   | FSL/FNL                            | FEL/FWL                         |  | CONSERVATION DIVISION WICHITA, KS       |  |

A separate sheet may be attached if necessary

<sup>&</sup>quot;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 Form must be Signed 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.

| Select the corresponding form being filed: C-1 (in  | 0 CB-1 (Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)   |
|---|--|
| OPERATOR: License # 5208  | Well Location:   |
| Name: EXXONMOBIL OIL CORPORATION  |  |
| Address 1: P. O. BOX 4358   | County: Grant  |
| Address 2:  | Lease Name: GALL B Well #: B1-3 INF  |
| City: HOUSTON State: TX Zip: 77210  | 4358 If filing a Form T-1 for multiple wells on a lease, enter the legal description of  |
| Contact Person: ADAM SCOTT  | the lease below:   |
| Phone: ( 713 431- 18 Sq. Fax: ( 713 431-147   | T027S - R037W: SEC 009 All   |
| Email Address: adam.e.scott@exxonmobil.com  |  |
| Surface Owner Information:  |  |
| Name: See Attached  |  |
| Address 1:  | sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the  |
| Address 2:  |  |
| City: State: Zip:   |  |
|   | e roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat<br>be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |
| owner(s) of the land upon which the subject we  | ner Notice Act (House Bill 2032), I have provided the following to the surface is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this limber, fax, and email address. |
| KCC will be required to send this information to  | owner(s). I acknowledge that, because I have not provided this information, the<br>e surface owner(s). To mitigate the additional cost of the KCC performing this<br>.00 handling fee, payable to the KCC, which is enclosed with this form.                                   |
| If choosing the second option, submit payment of the \$3 form and the associated Form C-1, Form CB-1, Form T- | 00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.  |
| I hereby certify that the statements made herein are true   | nd correct to the best of my knowledge and belief.   |
| Date: 6/15/2013 Signature of Operator or Agent:   | M. Michael McNutty Tille: Regional Land Manager  |
| API # :15067214010000   | OR #221737 RECEIVED KANSAS CORPORATION COMMISSION  |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202 JUN 1 8 2013

#### **Surface Owners**

API#: 15067214010000

GALL B Well #: B1-3 INF Lease Name: Owner Name: GALL, ERNEST R TRUST Address: 2911 GREYLING DR City: SAN DIEGO State: CA **Zip:** 92123 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: **Owner Name:** Address: City: State: Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

**CONSERVATION DIVISION** WICHITA, KS