KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Glenn_4. Pdf 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 subm	itted 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.: 200871			
Gas Gathering System:	Lease Name: GLENN E DEW			
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.:	T027S - R035W: SEC 004 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 leet from □ E / □ W Line of Section □ Haul-Off □ Workover □ C □ Drilling			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Contact Person: KANSAS CORPORATION COMMISSION Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	JUN 1 8 2013			
	CONSERVATION DIVISION			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole WICHITA, KS			
New Operator's License No. 32864	Contact Person: BRENDA WALLER			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC			
OKLAHOMA CITY, OK 73102	Date: 05/31/2013			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze			
Tipe;	Ognature. Downey.			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
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:			
Company of the second s				
DISTRICT EPR /D//8//3	PRODUCTION 10.21.13 UIC 10.21.13			
Mail to: Past Operator New Operator	ator District			

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

Side Two

Must Be Filed For All Wells

Lease Name	GLENN E DEW	* Location: 4 27 35WS E				
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15067002750000 🗸	2310FSL	2310FEL	GAS	ACTIVE	
·						
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL	KA	RECEIVED NSAS CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		- JUN 1 8 2013	
		FSL/FNL	FEL/FWL	Wedde Address of the Control of the	CONSERVATION DIVISION	
		FSL/FNL			WICHITA, KS	

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 Locat	tion:			
		SS Sec.4 Twp.27 S. R.35 EastX West			
Address 1: P. O. BOX 4358		rant			
Address 2:	Lease Nar	me: GLENN E DEW Well #: 1			
City: HOUSTON State: TX	Zip:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT		the lease below: T027S - R035W: SEC 004 All			
Phone: (713 /31- \85/1 Fa	x: (<u>713 431-1475</u>	(U35W: SEC UU4 AII			
Email Address: adam.e.scott@exxonm					
Surface Owner Information:					
Name: See Attached		g a Form T-1 involving multiple surface owners, attach an additional			
Address 1:		ig all of the information to the left for each surface owner. Surface rmation can be found in the records of the register of deeds for the			
Address 2:		d in the real estate property tax records of the county treasurer.			
City:State:	Zip:+				
Select one of the following: X I certify that, pursuant to the K	Cansas Surface Owner Notice Act (House Bill	II 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form			
owner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the land to send the land upon which land the land upon which land upon upon upon upon upon upon upon upon	ion with this form; 2) if the form being filed is a address, phone number, fax, and email addi- ation to the surface owner(s). I acknowledge t	a Form C-1 or Form CB-1, the plat(s) required by this ress. hat, because I have not provided this information, the litigate the additional cost of the KCC performing this			
owner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the required to send the task, I acknowledge that I am but the choosing the second option, submit I	ion with this form; 2) if the form being filed is a address, phone number, fax, and email addition to the surface owner(s). I acknowledge this information to the surface owner(s). To meing charged a \$30.00 handling fee, payable	a Form C-1 or Form CB-1, the plat(s) required by this ress. hat, because I have not provided this information, the litigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form. form. If the fee is not received with this form, the KSONA-1			
owner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the required to send the task, I acknowledge that I am but the second option, submit if choosing the associated Form C-1, For form and the associated Form C-1, For	ion with this form; 2) if the form being filed is a address, phone number, fax, and email address, phone number, fax, and email address the surface owner(s). I acknowledge this information to the surface owner(s). To meing charged a \$30.00 handling fee, payable payment of the \$30.00 handling fee with this a	a Form C-1 or Form CB-1, the plat(s) required by this ress. hat, because I have not provided this information, the litigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form. form. If the fee is not received with this form, the KSONA-1 med.			
owner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the required to send the task, I acknowledge that I am but the second option, submit if the form and the associated Form C-1, For I hereby certify that the statements man	ion with this form; 2) if the form being filed is a address, phone number, fax, and email address, phone number, fax, and email address, phone number, fax, and email address information to the surface owner(s). To meing charged a \$30.00 handling fee, payable payment of the \$30.00 handling fee with this arm CB-1, Form T-1, or Form CP-1 will be return.	a Form C-1 or Form CB-1, the plat(s) required by this ress. hat, because I have not provided this information, the litigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form. form. If the fee is not received with this form, the KSONA-1 med.			

JUN 1 8 2013

Surface Owners

API#:	1506700	2750000	Lease Name: _	GLENN	E DE	W	Well #:1
_							
Own	or Nama:	DEW FARMS INC					
		PO BOX 447					
4	Adaress:	PO BOX 447					
	City:	ULYSSES	State:	KS	Zip:	67880	
	ner Name: Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS