### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: MUST be submitted with this form. Oil Lease: No. of Oil Wells Effective Date of Transfer-Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 201958 Gas Gathering System:. Lease Name: HAWORTH Saltwater Disposal Well - Permit No.: \_\_\_ 35 Twp. \_ 34 \_\_\_feet from N/NS Line Legal Description of Lease: \_\_ feet from 🔲 E / 🗍 W Line T034S - R036W: SEC 035 NW4, NE4, SE4, SW4 ☐ Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells. County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): \*\* Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: leet from N / S Line of Section (API No. If Drill Pit, WO or Haul) teet from E / W Line of Section Type of Pit: Bum Emergency Settling Haul-Off Workover AR Drilling 5208 Past Operator's License No. **LAURIE KILBRIDE** Contact Person-Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 Date: .... **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: \_\_\_\_ Andrew D. Cole New Operator's License No. 32864 **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: \_ RECEIVED Oil / Gas Purchaser: ONEOK FIELD SERVICES CORPORATION COMMISSION 210 PARK AVENUE, SUITE 2350 **OKLAHOMA CITY, OK 73102** 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze CONSERVATION DIVISION WICHITA, KS Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_\_\_\_ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the 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 \_\_\_\_\_ Recommended action: permitted by No.: \_\_\_ Date. Authorized Signature Authorized Signature DISTRICT -**PRODUCTION** Mail to: Past Operator\_ New Operator District

	<b>,</b>	Must Be	Filed For All Wells			
KDOR Lease	No.: 201958					
* Lease Name:	HAWORTH	* Location: 35 34 36W W/2				
Well No.	API No. (YR DRLD/PRE '67)	Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well Well Status (Oll/Gas/INJ/WSW) (PROD/TA'D/Abandone		
1-2	15189203500000√	2590FSL	₩ 1250F£L	GAS	ALTONE .	
		FSL/FNL				
		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			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	Manual Control of the	FSL/FNL	FEUFWL			
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		FSL/FNL				
			FEL/FWL	A MANAGEMENT AND BUT OF COLUMN TRANSPORT AND A MANAGEMENT		
			FEL/FWL			
		FSL/FNL			RECEIVED  S CORPORATION COMMISSION	

A separate sheet may be attached if necessary

FEL/FWL

FEL/FWL

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CONSERVATION DIVISION WICHITA, KS

FSL/FNL \_

FSL/FNL \_

<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 hisy 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 retriging.

OPERATOR: License #5208		Well Location:				
Name: EXXONMOBIL OIL CORPORATION						
Address 1: P. O. BOX 4358		County: Stevens				
Address 2:		•	Well #: 12			
City: HOUSTON State: TX Zi	p: <u>77210 ++ 4358</u>	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT	agas de la galectica de la ga	the lease below:				
Phone: ( 713 431-1859 Fax: ( 7	713 431-1475	T034S - R036W: SEC 035 NW4, NE4, SE4, SW4				
Email Address: adam.e.scott@exxonmobil.co	om					
Surface Owner Information:						
Name: See Attached	a person deliberation and the second	When filing a Form T.1 involving multiple surface owners, attach an additional				
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 county, and in the real estate property tax records of the county treasurer.				
Address 2:	titet i vinnet i en re <b>inform georgeorismo</b> monorismo vinno i o onto toppoggaggaggaggaggag o o o go base o toppog					
City: State: Zij	D:+					
X I certify that, pursuant to the Kansas owner(s) of the land upon which the CP-1 that I am filing in connection wit form; and 3) my operator name, addre  I have not provided this information to KCC will be required to send this information clask, I acknowledge that I am being ci	subject well is or will be loc th this form; 2) if the form be ess, phone number, fax, and the surface owner(s). I ack ormation to the surface own	ated: 1) a copy of the Form C ing filed is a Form C-1 or Form I email address. nowledge that, because I have er(s). To mitigate the addition	e-1, Form CB-1, Form T-1, or Form CB-1, the plat(s) required by this enot provided this information, the lal cost of the KCC performing this			
If choosing the second option, submit payme form and the associated Form C-1, Form CB-	-1, Form T-1, or Form CP-1 (	vill be returned.				
hereby certify that the statements made here	ein are true and correct to th	e best of my knowledge and i	belief.			
Date: 6/15/2013 Signature of Operat	or or Agent:	MéNulty 1	Regional Land Manager			

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

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KANSAS CORPORATION COMMISSION

#### **Surface Owners**

AP#: 1518920350	DOOOO Lease Name: _	HAWORTH	Well #: _ 12
	EWLON, ELAINE C & JOHN 25 N WINDSOR LN		Land
City: LIE	BERAL State:	KS <b>Zip:</b> 67901-2148	
Owner Name: Address: City:	State:	Zip:	
Owner Name: Address: City:	State:	Zip:	
Owner Name: Address: City:	State:	Zip:	
Owner Name: Address: City:	State:	Zip:	

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