# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

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

Form KSONA-1, Cartification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes: MUST be submit	itied with this form.
Check Applicable Boxes:  Oil Lease: No. of Oil Wells  Gas Lease: No. of Gas Wells  Gas Gathering System:  Saltwater Disposal Well - Permit No.:  Spot Location: feet from N / S Line  teet from E / W Line  Enhanced Recovery Project Permit No.:  Entire Project: Yes No  Number of Injection Wells  Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Effective Date of Transfer:
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. II Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling	feet from E / W Line of Section  Haul-Off Workover Drilling
Past Operator's License No	Contact Person:LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KANSAS CORPORATION COMMISSION
P. O. BOX 4358, HOUSTON, TX 77210-4358	Dete: 05/31/2013 ILIN 1 9 2012
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION 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: 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 a noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	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  Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
Date:	Date:
1 / ·	PRODUCTION NOV 0 1 2022 UIC 1 - 1-3

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease No.:	208285			
* Lease Name:	JA KNEPPER HEIRS	Location: 33 32 38WSW		

* Lease Name:	JA KNEPPER HEIRS	* Location: 33 32 38WSW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15189201650000 🗸	1320FSL	3960FEL	- GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FELFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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No.	· ·	FSL/FNL	FEL/FWL		~~~	
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	***************************************	FSL/FNL	FEL/FWL		***************************************	
		FSL/FNL	FEL/FWL		,	
		FSL/FNL	FEL/FWL		ECEIVED PRATION COMMISSION	
		FSL/FNL	FEL/FWL		1 8 2013	
	-	FSL/FNL	FEL/FWL	42	VATION DIVISION	
		FSL/FNL	FEL/FWL		ICHITA, 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** 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 (Intent) CB-1 (Cathodic Protection Borehole I	ntent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 5208	Well Location:	
EVYANMADII AII CARDADATION	· · · · · · · · · · · · · · · · · · ·	Sec. 33 Twp.32 S. R. 38 Eas X West
Address 1: P. O. BOX 4358		Sec
Address 2:		EPPER HEIRS Well #: 1
City: HOUSTON State: TX Zip: 77		
Contact Person: ADAM SCOTT	the lease below:	multiple wells on a lease, enter the legal description of
Phone: ( 713 431 185 9 Fax: ( 713 431	[#16/5	C 031 SW4, E2 NW4 (NWNW) (SWNW)
Email Address: adam.e.scott@exxonmobil.com	0E0 032 0114 3E0	033 SW4
Surface Owner Information:		
Name: See Attached	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
Address 2:	OWNER RIPOLINACION CAN	n be found in the records of the register of deeds for the estate property tax records of the county treasurer.
City: State: Zip:		
the KCC with a plat showing the predicted locations are preliminary non-binding estimates. The locations Select one of the following:		
I certify that, pursuant to the Kansas Surfactowner(s) of the land upon which the subject CP-1 that I am filing in connection with this filiporm; and 3) my operator name, address, photometric in the surface of the su	well is or will be located: 1) a copy of the orm; 2) if the form being filed is a Form C- one number, fax, and email address.  Iface owner(s). I acknowledge that, becau in to the surface owner(s). To mitigate the	Form C-1, Form CB-1, Form T-1, or Form 1 or Form CB-1, the plat(s) required by this use I have not provided this information, the additional cost of the KCC performing this
If choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1, Form		e fee is not received with this form, the KSONA-1
I hereby certify that the statements made herein are	true and correct to the best of my knowled	lge and belief.
Date: 6/15/2013 Signature of Operator or Ag	ent: M. Michael McNulty	Title: Regional Land Manager
API # :15189201650000	KDOR #208285	RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

## **Surface Owners**

AP#:	1518920	1650000	Lease Name: _	JA KN	EPPER HEIRS	Well #:
Own	er Name:	ROE, JOYCE				
		3460 E FARRELY	RD			
	City:	GYPSUM	State:	KS.	<b>Zip:</b> 67448	
	July.		Julio.	1.0	<b>2ip.</b> 07-40	
Owr	ner Name:					
	Address:					
	City:		State:		Zip:	
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Own	er Name:					
	Address:					
	City:		State:		Zip:	
•	er Name:					
	Address:					
	City:		State:		Zip:	
					p.	
Own	er Name:					
	Address:					
	City:		State:		Zip:	
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RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS