

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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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,  
MUST be submitted with this form.

Check Applicable Boxes:

- ☐ Oil Lease: No. of Oil Wells \_\_\_\_\_ \*\*  
☒ Gas Lease: No. of Gas Wells 1 \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☐ Saltwater Disposal Well - Permit No.: \_\_\_\_\_  
Spot Location: \_\_\_\_\_ feet from ☐ N / ☐ S Line  
\_\_\_\_\_ feet from ☐ E / ☐ W Line  
☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 7/1/2013

KS Dept of Revenue Lease No.: 220781

Lease Name: J P SULLIVAN

NE Sec. 27 Twp. 29 R. 36W ☐ E ☒ W

Legal Description of Lease:

T029S - R036W: SEC 027 NE4, SE4, SW4, S2 NW4

County: Grant

Production Zone(s): CHASE

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section

\_\_\_\_\_ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OR ☐ Drilling

Past Operator's License No. 5208 ✓

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

Signature: Andrew D. Cole

New Operator's License No. 32864 ✓

Contact Person: BRENDA WALLER RECEIVED KANSAS CORPORATION COMMISSION

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. Schutte

**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  
the new operator and may continue to inject fluids as authorized by  
Permit No.: \_\_\_\_\_ Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface pit  
permitted by No.: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_ EPR 10/22/13 PRODUCTION OCT 23 2013 UIC 10-23-13  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

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

\* Lease Name: J P SULLIVAN \* Location: 27 29 36W NE

[illegible]

\* 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  
**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

*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 Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 5208  
Name: EXXONMOBIL OIL CORPORATION  
Address 1: P. O. BOX 4368  
Address 2: \_\_\_\_\_  
City: HOUSTON State: TX Zip: 77210 + 4368  
Contact Person: ADAM SCOTT  
Phone: ( 713 ) 431-1859 Fax: ( 713 ) 431-1475  
Email Address: adam.e.scott@exxonmobil.com

Well Location:  
\_\_\_\_\_NE Sec. 27 Twp. 29 S. R. 36 ☐ East ☒ West  
County: Grant  
Lease Name: J P SULLIVAN Well #: 3 INF

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
**T029S - R036W: SEC 027 NE4, SE4, SW4, S2 NW4**

**Surface Owner Information:**

Name: See Attached  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*When filing a Form T-1 involving multiple surface owners, attach an additional 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.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 6/15/2013 Signature of Operator or Agent: M. Michael McNulty Title: Regional Land Manager

API #: 15067213650000

KDOR # 220781

RECEIVED  
KANSAS CORPORATION COMMISSION

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

**JUN 18 2013**  
CONSERVATION DIVISION  
WICHITA, KS

## Surface Owners

API#: 15067213650000

Lease Name: J P SULLIVAN

Well #: 3 INF

Owner Name: ROONEY, WT III ETUX TRUST

Address: PO BOX 732

City: LAKIN

State: KS Zip: 67860

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 18 2013

CONSERVATION DIVISION  
WICHITA, KS