070113_John_R_Barnes - Pdf Form T-1 March 2010 Form must be Typed

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 Kansas Surface Owner Notification Act,

Check Applicable Boxes:	7/1/2013		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 207306 Lease Name: JOHN R BARNES SW Sec. 8 Twp. 28 R. 36W EXW		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	Legal Description of Lease:		
feet from E / W Line	T028S - R036W: SEC 008 S2, NE4, NW4		
Enhanced Recovery Project Permit No.:	10203 - 100000. 020 030 02, 112, 112		
Entire Project: Yes No			
Number of Injection Wells***	County: Grant Production Zone(s): COUNCIL GROVE Injection Zone(s):		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.			
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	feet from N / S Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
5008	Contact Person: LAURIE KILBRIDE		
Past Operator's License No. 5208	RECEIVED		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	FIIONE.		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS		
32864	Contact Person: BRENDA WALLER		
New Operator's License No. 32864 √	405-319-3259		
New Operator's Name & Address: XTO ENERGY INC.	Phone:		
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		
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	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.: ·		
Data	Date:		
Date:	Authorized Signature		
	PRODUCTION OCT 2 4 2013 UIC 10-24-13		
Mail to: Past Operator New Opera	St.a.lua		

Side Two

Must Be Filed For All Wells

Lease Name:JOHN R BARNES		Location: 8 28 36WSW				
Well No.	API No. (YR DRLD/PRE '67)	API No. Foolage from S PRLD/PRE '67) (i.e. FSL = Feet from		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
2	15067202600000	1300FSL	1300FWL	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			
-			FEL/FWL			
	***************************************	FSL/FNL	FEL/FWL			
		FSL/FNU	FEL/FWL			
		FSL/FNL	FEL/FWL			
·····		FSL/FNL	FEL/FWL			
Name and the second	THE CONTROL OF A STORY TO STORY THE	FSL/FNI	FEL/FWL	Wasterna Arts Fried State States and Market States and Arts St	WAS A COMMISSION OF THE PROPERTY OF THE PROPER	
		FSL/FNI	FEL/FWL			
		FSL/FN	LFEL/FWL		RECEIVED	
		FSL/FN	L FEL/FWL		KANSAS CORPORATION COMMISSI	
		FSL/FN			JUN 1 8 2013	
		FSL/FN			CONSERVATION DIVISION WICHTA, 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 Location:
Name: EXXONMOBIL OIL CORPORATION	SW Sec. 8 Twp.28 S. R. 36 Eas X West
Address 1: P. O. BOX 4358	County: Grant
Address 2:	
City: HOUSTON State: TX Zip: 77210 ++	358 If filing a Form 1-1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease below: T028S - R036W: SEC 008 S2, NE4, NW4
Phone: (713 431-11889 Fax: (713 431-1475	
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	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
Address 1:	owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	
Select one of the following:	entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
I lose a series a series de la companya del companya de la companya de la companya del companya de la companya	er Notice Act (House Bill 2032), I have provided the following to the surface 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 ober, fax, and email address.
to a will be required to cond this information to it	vner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this to handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30 form and the associated Form C-1, Form CB-1, Form T-1.	O handling fee with this form. If the fee is not received with this form, the KSONA- r Form CP-1 will be returned.
I hereby certify that the statements made herein are true a	d correct to the best of my knowledge and belief.
	man des et andre de la companyone de la
Date: 6/15/2013 Signature of Operator or Agent: _	M. Michael McNulty Title: Regional Land Manager

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

Surface Owners

150070000000	Lease Name:	JOHN R BARNES	Well #: _2
API#: 15067202600000	Lease Haine	00111110	
			and the second
Owner Name: BARNES, S	TEVEN ROSS ETAL		
			To May 2
Address: 922 SAVAN	NAH SI		
		07047	
City: WICHITA	State:	KS Zip: 67217	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name:			
Address:			
City:	State	: Zip:	
•			
Owner Name:			
Address:			
City:	State	: Zip:	
Owner Name:			
Address:			
City:	State	e: Zip:	

______ Well #: <u>2</u>

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS