KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Jones_36.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,
MUST be submitted with this form

Check Applicable Boxes:	UST be submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 202081
Gas Gathering System:	140 Dept of Florende Leade 140
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	S Line NW Sec. 3 Twp. 33 R. 36W EXW
Enhanced Recovery Project Permit No.:	T033S - R036W: SEC 003 S2 NW4, SW4, SE4, S2 NE4 (NENE) (NWNE) (NENW) (NWNW)
Entire Project: Yes No	(AUTAL) (ALAM)
Number of Injection Wells **	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GRO	VE CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	
(API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section
Type of Pit: Emergency Burn Seri	feet from E / W Line of Section
Type of Pit: Emergency Burn Sett	ling Haul-Off Workover Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORAT	TION Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013
Title: _RSO MANAGER/AGENT & ATTORNEY-IN-FACT	
	Signature: <u>Andrew D. Cole</u> KCC WICHI7
32864	Contact Person: BRENDA WALLER IUN 1 8 2013
New Operator's License No. 32864 /	
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 RECEIVED
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	
Tibe	Signature: Douglas C. Schultze
THE STATE OF THE S	Signature: Douglas U. Schultze
Acknowledgment of Transfer: The above request for transfer	or of injection authorization, surface pit permit # has been
Acknowledgment of Transfer: The above request for transfer	r of injection authorization, surface pit permit # has been Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
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Must Be Filed For All Wells

KDOR Lear			·····				
Lease Nam	Lease Name: JONES			Location: 3 33 36W.NW			
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
1	15189003640000	2970FSL	2970FEL	GAS	ACTIVE		
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		FSL/FNL	FEUFWL		_		
		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				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL				
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17 11 11 11 11 11 11 11 11 11 11 11 11 1	***************************************	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	•			
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
e Totala New World and their state superior		FSL/FNL	WIST-TO ANY PROPERTY FELFENCE	**************************************	d englissionnessen an annen ags aggressen an annen anderson sich ein 1820 an annen		
		FSL/FNL	FEL/FWL		· · · · · · · · · · · · · · · · · · ·		
		FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL		KCC WICHITA		
		FSUFNL	FEL/FWL		JUN 1 8 2013		
	_	FSL/FNL	FEL/FWL		RECEIVED		

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.

Select the corresponding form being filed: C-1 (in	tent) CB-1 (Cathodic Protection Bovehole Intent) X	[-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License #5208	Well Location:		
Name: EXXONMOBIL OIL CORPORATION	NW Sec.3	Тwp. 33 S. R. 36 Еas X West	
Address 1: P. O. BOX 4358	County: Stevens	. West	
Address 2:	•	Well #: 1	
City: HOUSTON State: TX Zip: 77210	4050	ells on a lease, enter the legal description of	
Contact Person: ADAM SCOTT	the lease below:	• •	
Phone: { 713 431-1 6150 Fax: (713 431-147	75 1033S - R036W: SEC 003 S2 N (NWNE) (NENW) (NWNW)	3 S2 NW4, SW4, SE4, S2 NE4 (NENE) V)	
Email Address: adam.e.scott@exxonmobil.com			
Surface Owner Information:			
Name: See Attached	When filing a Form 1.1 involving:	muliple surface owners, attach an additional	
Address 1:	sheet listing all of the information	n to the left for each surface owner. Surface in the records of the register of deeds for the	
Address 2:	county, and in the real estate proj	perty tax records of the county treasurer.	
City: State: Zip:	_+		
are preliminary non-binding estimates. The locations ma Select one of the following:	y be entered on the norm C-1 plat, norm CB-1 pla	at, or a separate plat may be submitted.	
I certify that, pursuant to the Kansas Surface O owner(s) of the land upon which the subject well CP-1 that I am filing in connection with this form; form; and 3) my operator name, address, phone I have not provided this information to the surface	I is or will be located: 1) a copy of the Form C-1 2) if the form being filed is a Form C-1 or Form on number, fax, and email address.	, Form CB-1, Form T-1, or Form CB-1. the plat(s) required by this	
KCC will be required to send this information to task, I acknowledge that I am being charged a \$3	the surface owner(s). To mitigate the additional	cost of the KCC performing this	
If choosing the second option, submit payment of the \$3 form and the associated Form C-1, Form CB-1. Form T-1	'0.00 handling fee with this form. If the fee is no ', or Form CP-1 will be returned.	t received with this form, the KSONA-1	
I hereby certify that the statements made herein are true	and correct to the best of my knowledge and be	lief.	
Date: 6/15/2013 Signature of Operator or Agent;	M. Michael McNulty Till	Regional Land Manager KCC WICHITA	
API # :15189003640000 K	DOR #202081	JUN 18 2013	

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

RECEIVED

Surface Owners

API#:	15189003640000	Lease Name: _	JONES		Well #:1	
Owr	ner Name: URBAN, RUTH M	I				
	Address: 106 BROADMOO	R DR				
	City: LOUISBURG	State:	KS Zip:	66053-6401		
	ner Name: Address:					
	City:	State:	Zip:			
Own	er Name:					
	Address:					
	City:	State:	Zip:			
	er Name: Address:					
	City:	State:	Zip:			
	er Name: Address:					
	City:	State:	Zip:			

KCC WICHITA
JUN 18 2013
RECEIVED