KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_K_Brown_9.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 he submitted with this form

Check Applicable Boxes: MUST be submi	ited with this form.				
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 208210 Lease Name: K BROWN ———————————————————————————————————				
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.	County: Stevens Production Zone(s): COUNCIL GROVE Injection Zone(s):				
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from N / S Line of Section leet from E / W Line of Section Haul-Off Workover CR Drilling				
Past Operator's License No. 5208 Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 RECEIVED Date: 05/31/2013 KANSAS CORPORATION COMMISSION Signature: Audrew D. Cole JUN 1 8 2013 CONSERVATION DIVISION				
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Contact Person: BRENDA WALLER WICHITA, KS Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze				
Acknowledgment of Transfer: The above request for transfer of injection anoted, approved and duty 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 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				
Date:	PRODUCTION				

Side Two

Must Be Filed For All Wells

Lease Name	K BROWN		Location; 9	33 36M M Z	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Section Line rom South Line)	Type of Well (Oli/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
13	15189205530000	2500FSL	W 1250FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		_
	-	FSL/FNL	FEL/FWL		
······		FSL/FNL	FEL/FWL		
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		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL	Personal report from the contraction of the contrac	md Religiolism common establism esta
		FSL/FNL	FEL/FWL		
	· •	FSL/FNL	FEL/FWL	-	- RECEIVED
		FSL/FNL	FEL/FWL	KANS	AS CORPORATION COMMISSION
			geografy games as an		JUN 1 8 2013

A separate sheet may be attached if necessary

___ FEL/FWL

FEL/FWL

CONSERVATION DIVISION WICHITA, KS

FSL/FNL ____

_FSL/FNL .

^{*} 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 (Weil 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)	XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 5208		. Well Location:	A		
Name: EXXONMOBIL OIL COR	PORATION		Twp.33S. R.36Eas X West		
Address 1: P. O. BOX 4358	And the second of the second o	County: Stevens			
		-	Well #: 13		
	e: TX Zip: 77210 + 4358		e wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT		the lease below:	e vens un a lease, erier me legar description of		
	Fax: (713 431-1475	T033S - R036W; SEC 029 N	W4 SEC 030 SW4, SE4, NE4		
Email Address: adam.e.scott@e	•	•			
Surface Owner Information:					
		When filing a Form 1.1 involvi	ing multiple surface owners, attach an additional		
Address 1:		sheet listing all of the informa	ntion to the left for each surface owner. Surface		
		and the second s	nd in the records of the register of deeds for the property tax records of the county treasurer.		
	e:		· · · · · · · · · · · · · · · · · · ·		
Select one of the following:	the Kansas Surface Owner Notice	·	1 plat, or a separate plat may be submitted.		
owner(s) of the land upor CP-1 that I am filing in co	n which the subject well is or will be nnection with this form; 2) if the form name, address, phone number, fax,	located: 1) a copy of the Form being filed is a Form C-1 or Fo	C-1, Form CB-1, Form T-1, or Form		
KCC will be required to s	nformation to the surface owner(s). I send this information to the surface of am being charged a \$30.00 handlin	owner(s). To mitigate the additio	nal cost of the KCC performing this		
	ibmit payment of the \$30.00 handlin 1, Form CB-1, Form T-1, or Form CF		not received with this form, the KSONA-1		
hereby certify that the statement	ts made herein are true and correct t	to the best of my knowledge and	l belief.		
Date: 6/15/2013 Signat	lure at Operator or Agent:	ael McNulty	Title: Regional Land Manager		
API # :15189205530000	KDOR #208210	1	RECEIVED KANSAS CORPORATION COMMISSIO		

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:_	1518920	05530000	Lease Name: _		K BROWN			
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Owner Name: GLOVER, JO ANN & HUDNELL TR, MARY KAY TTEE Address: 2615 S LIPSCOMB ST								
•	Address:	2010 S LIPSCOMI	5 5 1					
	City:	AMARILLO	Sta	ate:	TX	Zip:	79109-2331	
O	N I							
	er Name: Address:							
	City:		Sta	ite:		Zip:		
Owne	er Name:							
•	Address:							
	City:		Sta	ite:		Zip:		
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	r Name:							
A	ddress:							
	City:		Sta	te:		Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

Well #: 1-3

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS