#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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,

Check Applicable Boxes:			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013		
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 202239		
Gas Gathering System:	Lease Name: KNIER		
Saltwater Disposal Well - Permit No.:	<u>SW.Sec. 27 Twp. 34 R. 37W</u> EXW		
Spot Location: feet from N / S Line			
feet from   E /   W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T034S - R037W: SEC 027 SW4, NW4 SEC 028 SE4, SW4		
Entire Project: Yes No			
Number of Injection Wells	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	Injection Zone(s):		
Jide The Mari De Complete	Hijotion Zonojoj.		
Surface Pit Permit No.:	leet from N / S Line ol Section		
(API No. II Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pir: Emergency Burn Settling	Haul-Off Workover OR Drilling		
yyears and a second a second and a second an			
Past Operator's License No	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone:		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013		
RSO MANAGER/AGENT & ATTORNEY-IN-FACT	RECEIVED Signature: Andrew D. Cole KANSAS CORPORATION COMMISSIO		
Title:	-		
	JUN 1 8 2013		
New Operator's License No. 32864 V	Contact Person: BRENDA WALLER  CONSERVATION DIVISION		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 WICHITA, KS		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
	05/04/0049		
OKLAHOMA CITY, OK 73102	Valu.		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>		
Acknowledgment of Transfer: The above request for transfer of injection a			
•	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	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.:		
Date:	Date:		
Date:	Authorized Signature		
DISTRICT EPR /D/24/13	PRODUCTION UCT 2 5 2013 UIC 10 -25-13		
Mail to: Past Operator New Operator	or District		

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

#### Side Two

### Must Be Filed For All Wells

ease Name:	KNIER		* Location: 27	7 34 37WSW	
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet fi	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned
l	15189006050000 ✓	1320FSL	3960FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
		FSLÆNL	. FELFWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		Matthews - Main - Indicates - Main - Indicates - Matthews - Main - Indicates -
es, v. Pilmen v. veguvinkens sing menens in geograph	Addition of the recognition of the state of	FSLÆFNL	FEL/FWL		
		FSL/FNL	. FEL/FWL		
		FSL/FNL			RECEIVED
		FSL/FNL		KANSA	S CORPORATION COMMISSION
	A CONTRACTOR OF THE CONTRACTOR	FSL/FNL			MAY 2 1 2015

A separate sheet may be attached if necessary

<sup>\*</sup> 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:	SW . 27 - 24 - 0 0 27		
Name: EXXONMOBIL OIL CORPORATIO	A CONTRACTOR OF THE PROPERTY O	Sec. 27 Twp.34 S. R. 37 Eas X West		
Address 1:P. O. BOX 4358	•			
Address 2:		IIER Well #: 1		
City: HOUSTON State: TX	Zip: 77210 + 4358 If filing a Form T- the lease below:	1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	TABLE DANSELLE	T034S - R037W: SEC 027 SW4, NW4 SEC 028 SE4, SW4		
Phone: ( 713 431-1850 Fax:	713 431-1475			
Email Address: <u>adam.e.scott@exxonmot</u>	ll.com			
Surface Owner Information:				
Name: See Attached	When filing a For	m F.1 involving multiple surface owners, attach an additional		
Address 1:		the information to the left for each surface owner. Surface in can be found in the records of the register of deeds for the		
Address 2:		real estate property tax records of the county treasurer.		
Crity: State:	_ Zip:+			
Select one of the following:		Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which CP-1 that I am filing in connectio	isas Surface Owner Notice Act (House Bill 2037 the subject well is or will be located: 1) a copy on with this form: 2) if the form being filed is a Form ddress, phone number, fax, and email address.	f the Form C-1, Form CB-1, Form T-1, or Form		
KCC will be required to send this	in to the surface owner(s). I acknowledge that, be information to the surface owner(s). To mitigate ng charged a \$30.00 handling fee, payable to the	the additional cost of the KCC performing this		
If choosing the second option, submit pa form and the associated Form C-1, Form	yment of the \$30.00 handling fee with this form. CB-1, Form T-1, or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1		
hereby certify that the statements made	herein are true and correct to the best of my kno	wledge and belief.		
Date: 6/15/2013 Signature of C	perator or Agent:	Tille: Regional Land Manager		
API # :15189006050000	KDOR #202239	RECEIVED KANSAS CORPORATION COMMISS		

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

CONSERVATION DIVISION WICHITA, KS

MAY 2 1 2013

### **Surface Owners**

Cowner Name: RANEY, VONIDA Address: 520 ROAD 13 City: HUGOTON State: KS Zip: 67961-5128  Cowner Name: Address: City: State: Zip:  Cowner Name: Address: City: State: Zip:  Cowner Name: Address: City: State: Zip:	API#: 15189006050000	Lease Name:	KNIER		Well #:
Address: 520 ROAD 13  City: HUGOTON State: KS Zip: 67951-5128  Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:					
City: HUGOTON State: KS Zip: 67951-5128  Cwner Name: Address: City: State: Zip:	Owner Name: RANEY, VONDA				
Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:	Address: 520 ROAD 13				
Address: City: State: Zip:  Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:	City: HUGOTON	State:	KS Z	ip: 67951-5128	
City: State: Zip:  Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:					
Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:	Address:				
Address: City: State: Zip:  Owner Name: Address: City: State: Zip:  Owner Name: Address:	City:	State:	ì	Zip:	
Address: City: State: Zip:  Owner Name: Address: City: State: Zip:  Owner Name: Address:					
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Owner Name: Address: City: State: Zip: Owner Name: Address:					
Address:  City: State: Zip:  Owner Name: Address:	City:	State:	2	Zip:	
Address:  City: State: Zip:  Owner Name: Address:					
Address:  City: State: Zip:  Owner Name: Address:					
Address:  City: State: Zip:  Owner Name: Address:	Owner Name:				
Owner Name: Address:					
Address:	City:	State:	;	Zip:	
Address:					
Address:					
City: State: Zip:					
	City:	State:	;	Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

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CONSERVATION DIVISION WICHITA, KS