KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Morrell_32.pdf 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 Hotification Act, MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells __ 7/1/2013 Effective Date of Transfer: Gas Lease: No. of Gas Wells 202780 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: MORRELL Saltwater Disposal Well - Permit No.: ___ SW Sec. 14 Two. _ 32 R. 36W | E X W Spot Location: ______ feet from N / S Line Legal Description of Lease: __ feet from 🔲 E / 🔲 W Line T032S - R036W: SEC 014 N2, S2 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Number of Injection Wells. County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):__ ** Side Two Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: _ _ leet from N / S Line of Section (API No. If Drill Pit, WO or Haul) leet from E / W Line of Section Type of Pit: Emergency Settling Workover OK Haul-Off Contact Person: LAURIE KILBRIDE Past Operator's License No. 5208 Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 KCC WICHITA P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: __ Andrew D. Cole RECEIVED New Operator's License No. 32864 **BRENDA WALLER** Contact Person: . New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES **OKLAHOMA CITY, OK 73102** 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #____ 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 the new operator of the above named lease containing the surface pit Permit No.: ___ ______ . Recommended action: _ permitted by No.: ____ Authorized Signature DISTRICT -PRODUCTION ___ Mail to: Past Operator...

New Operator

Must Be Filed For All Wells

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| (DOD Lases No. | 202780 | V | | |

| * Lease Name: | MORRELL | * Location: 14 32 36WSW | | | | | |
|--|---|---|-----------------|--|--|--|--|
| Well No. | API No. (YR DRLD/PRE '67) | Foolage from Section Line (i.e. FSL = Feet from South Line) | | Type of Well (Ol/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) | | |
| 1 | 15189001270000 | 1470 \$310FSL | 2840 2079FEL | GAS | ACTIVE | | |
| | | FSL/FNL | | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
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| | | FSL/FNL | | | | | |
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| | 1-0-1- h.m. sas-m | FSL/FNL | | | | | |
| | | FSL/FNL | | | KCC WICHITA | | |
| | | FSL/FNL | FEL/FWL | | JUN 1 8 2013 | | |
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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.

| 5208 | |
|---|--|
| OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION | Well Location: |
| Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358 | Sw Sec. 14 Twp.32 S. R. 36 Eas X West |
| | |
| Address 2: | 4350 |
| Contact Doccor. ADAM SCOTT | the lease below: |
| Phone: (713 431-1850 Fax: (713 431-147) | |
| Email Address: adam.e.scott@exxonmobil.com | |
| Surface Owner Information: | |
| Name: See Attached | When filing a Form 1-1 involving multiple surface owners, attach an additional |
| Address 1: | chapt lictims all at the information to the left for each curious current. Curiose |
| Address 2: | county, and in the real estate property tax records of the county treasurer. |
| Cny: State: Zip: | ·+ |
| Select one of the following: X I certify that, pursuant to the Kansas Surface Overner(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 reference I have not provided this information to the surface KCC will be required to send this information to trask, I acknowledge that I am being charged a \$3 | e owner(s). I acknowledge that, because I have not provided this information, the the surface owner(s). To mitigate the additional cost of the KCC performing this 80.00 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, | 10.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 i, 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 Regional Land Manager |
| API # :15189001270000 KI | DOR #202780 |

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

JUN 18 2013

KCC WICHITA

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Surface Owners

| API#: 15189001270000 | _ Lease Name: _ | MORRELL | | Well #: <u>1</u> | |
|--------------------------|-----------------|---------|------------|------------------|--|
| | | | | | |
| Owner Name: CHAFFIN INVE | STMENT INC | | | | |
| Address: PO BOX 77 | | | | | |
| City: DODGE CITY | State: | KS Zip: | 67801-0077 | | |
| Owner Name: Address: | | | | | |
| City: | State: | Zip: | | | |
| Owner Name: Address: | | | | | |
| City: | State: | Zip: | | | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| Owner Name: Address: | | | | | |
| City: | State: | Zip: | | | |
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KCC WICHITA
JUN 18 2013
RECEIVED