### 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,

MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells Effective Date of Transfer-Gas Lease: No. of Gas Wells . 219738 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: MUNZ Saltwater Disposal Well - Permit No.: \_\_\_ 6 Twp. 28 R. \_\_feet from N/NSLine Legal Description of Lease: \_\_\_\_\_feet from E / W Line T028S - R037W: SEC 006 SE4, S2 NE4, SE4 NW4, E2 SW4 Enhanced Recovery Project Permit No.: \_\_ (NENE) (NWNE) (NENW) (NWNW) (SWNW) (NWSW) (SWSW) Entire Project: Yes No Number of Injection Wells County: Grant 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) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover > K Drilling Past Operator's License No. \_\_5208 **LAURIE KILBRIDE** Contact Person: RECEIVED Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION KANSAS CORPORATION COMMISSION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: Andrew D. Pole CONSERVATION DIVISION WICHITA, KS **BRENDA WALLER** New Operator's License No. .. Contact Person: . New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES 05/31/2013 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultre Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_\_\_\_ has been 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 \_\_\_\_\_ . Recommended action: permitted by No.: \_\_\_ Authorized Signature **Authorized Signature** DISTRICT -**PRODUCTION** Mail to: Past Operator\_ **New Operator** 

#### Side Two

#### Must Be Filed For All Wells

Lease Name:	MUNZ		Location: 6	28 37W NE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Section Line rom South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
13 INF	15067213070001	3880FSL	1475FEL	GAS	ACTIVE
		FSL/FNL	FEUFWL		_
·			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		
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		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		
A-1-0		FSL/FNL	FEL/FWL		*
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		FSL/FNL	FEL/FWL		
dagethablikkomiet veger 1944 ja vagagen ig vagat	For the company and the company of t	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	DOMBNES ON STANDARD	4 See Act for the Companions. Constructing A line 1 or contributional residence.
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	K	RECEIVED ANSAS CORPORATION COMMISSION
		FSL/FNL			JUN 1 8 2013
			FEL/FWL		CONSERVATION DIVISION

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.

Select the corresponding f	orm being filed: C-1 (Inte	nt) CB-1 (Cathodic Prote	ection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)						
OPERATOR: License # 520	8	NOTE OF LEAST							
Name: EXXONMOBIL OIL	<del></del>	Well Lo	cation: <mark>N</mark> E <sub>Sec.</sub> 6Twp.28SR.37Eas <b>(X</b> )West						
i cheelele oo a caara	The medianous and the second of the second o	County	Grant						
			Name: MUNZ Well #: 1-3 INF						
City: HOUSTON State: TX 7ip: 77210 ++ 4358			If filing a Form 1-1 for moltiple wells on a lease, enter the legal description of the lease below: T028S - R037W: SEC 006 SE4, S2 NE4, SE4 NW4, E2 SW4 (NENE) (NWNE) (NENW) (NWNW) (NWSW) (SWSW)						
Contact Person: ADAM SCOTT  Phone: { 713 431-1859   Fax: { 713 431-1475   Fax: { 713 431									
						Surface Owner Information:		r as sheets of	
						Name: See Attached	TORMINATOR I I I I I A canto a secondo for	When the	ling a Form 1-1 involving multiple surface owners, attach an additional
Address 1:			sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the						
Address 2:	and the second of the second o	county	and in the real estate property tax records of the county freasurer.						
City:	State: Zip:	·							
are preliminary non-binding of Select one of the following:	estimates. The locations may	be entered on the Form	C-1 plat, Form CB-1 plat, or a separate plat may be submitted.						
owner(s) of the land CP-1 that I am filing i form; and 3) my oper  I have not provided the KCC will be required	upon which the subject well in connection with this form; a ator name, address, phone n his information to the surface to send this information to the	Is or will be located: 1) a 2) if the form being filed i umber, fax, and email ac owner(s). I acknowledgue ne surface owner(s). To	Bill 2032), I have provided the following to the surface a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this iddress.  The that, because I have not provided this information, the mitigate the additional cost of the KCC performing this let to the KCC, which is enclosed with this form.						
If choosing the second option form and the associated Form	n, submit payment of the \$30 n C-1, Form CB-1, Form T-1,	0.00 handling fee with the or Form CP-1 will be rea	s form. If the fee is not received with this form, the KSONA-1 urned.						
I hereby certify that the state	ments made herein are true a	and correct to the best of	my knowledge and belief.						
Date: 6/15/2013 9	ignature of Operator or Agent: _	M. Michael McNulty	Tiffe: Regional Land Manager						
API # :15067213070001	K	OR #219738	RECEIVED KANSAS CORPORATION COMMISSION						

JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

#### **Surface Owners**

API#:	15067213070001	Lease Name: _	MUNZ	Well #: _1-3 INF
Own	er Name: GALL, ERN	IEST R TRUST		
	Address: 2911 GREY	LING DR		
	City: SAN DIEGO	) State:	CA <b>Zip:</b> 92123-2935	
	er Name:			
,	Address:			
	City:	State:	Zip:	
Own	er Name:			
•	Address:			
	City:	State:	Zip:	
	er Name:			
μ	Address:			
	City:	State:	Zip:	
	r Name: ddress:			
	City:	State:	Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS