KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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 Compilance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes:	UST be submitted with this form.
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.: 203164
Gas Gathering System:	-
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	S Line SW.Sec. 34 Twp. 34 R. 36W EXW
feet from E / E	W Line Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T034S - R036W: SEC 034 W2, E2
Entire Project: Yes No	
Number of Injection Wells	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GRO	
** Side Two Must Be Completed.	
	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)	feet from
Type of Pit: Emergency Burn Set	tling Haul-Off Workover OP Drilling
F200	Contact Parson. LAURIE KILBRIDE
Past Operator's License No. 5208 V	CONSCI PEISON: KCC MICHITA
Past Operator's Name & Address: EXXONMOBIL OIL CORPORA	TION Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1.8 2013
DOO MANACEDIACENT & ATTORNEY IN CACT	
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole RECEIVED
	RECEIVED
New Operator's License No. 32864	Contact Person: BRENDA WALLER
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC.	Contact Person: BRENDA WALLER Phone: 405-319-3259
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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 Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze
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Side Two

5 15189005760000		ņ	Must Be	Filed For All Wells		
Well No.	KDOR Leas	a Mo":				
(VR DRLD/PRE 'S') (i.e. FSL = Feet from South Line) (OR/Gas/INJWSW) (PROD/TATD/Abendone) 5	* Lease Name	PARKER ESTATE		Location: 34	4 34 36WSW	
FSLFNL FELFWL	Well No.		Footage from (i.e. FSL = Feet fi	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
FSUFNIL FEUFWIL		15189005760000	5 2\$40FSL	7 2#40FEL	GAS	ACTIVE
FSUFNIL FEUFWIL						
FSUFNL		TO THE STATE OF TH	FSL/FNL	FEL/FWL	Water the second	
FSUFNL FEUFWL			FSL/FNL	FEL/FWL		·
FSL/FNL FEL/FWL			FSL/FNL	FEL/FWL		
FSUFNL 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 FSL/			FSL/FNL	FEL/FWL		
FSL/FNL FEL/FWL			FSL/FNL	FEUFWL		
FSUFNL FEUFWL			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 SEL/FWL SEL/FW	With the state of		FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
ESI /ENI FEL /EWI		**************************************	FSL/FNL	FEL/FWL		
FSUFNLFEUFWL			FSL/FNL	FEL/FWL		-
KUK, VVICHI I			FSL/FNL	FEL/FWL		KCC WICHITA

_ _____FSL/FNL _____FEL/FWL _

_____ FSL/FNL _____ FEL/FWL _

FSL/FNL _____FEL/FWL

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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.

OPERATOR: License # 5208	Well Location:			
Name: EXXONMOBIL OIL CORPORATION		SW Sec. 34 Twp.34 S. R. 36 Eas X West		
Address 1: P. O. BOX 4358	County: Stevens			
Address 2:	Lease Name: PA	RKER ESTATE Well #: 5		
City: HOUSTON State: TX		t for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT		the lease below: T034S - R036W: SEC 034 W2. E2		
Phone: (713 431-1 850 Fax:	(
Email Address: <u>adam.e.scott@exxonmo</u>	bil.com			
Surface Owner Information:				
Name: See Attached		m T-1 involving multiple surface owners, attach an additional		
Address 1:		the information to the left for each surface owner. Surface a can be found in the records of the register of deeds for the		
Address 2:	another and in the	real estate property tax records of the county treasurer.		
City:State:	_ Zip:+			
owner(s) of the land upon which CP-1 that I am filing in connectio form; and 3) my operator name. I have not provided this information of this information in the required to send this information.	nsas Surface Owner Notice Act (House Bill 2032 the subject well is or will be located: 1) a copy of moth this form; 2) if the form being filed is a Form address, phone number, fax, and email address. on to the surface owner(s). I acknowledge that, be information to the surface owner(s). To mitigate ing charged a \$30.00 handling fee, payable to the	the Form C-1, Form CB-1, Form T-1, or Form C-1 or Form CB-1, the plat(s) required by this ecause I have not provided this information, the the additional cost of the KCC performing this		
	nyment of the \$30.00 handling fee with this form. In CB-1, Form T-1, or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1		
I hereby certify that the statements made	herein are true and correct to the best of my know	wledge and belief.		
Date: 6/15/2013 Signature of C	perator or Agent:	Title: Regional Land Manager		

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

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Surface Owners

API#: 15189005760000

API#:_	15189005760000	Lease Name: _	PARKER EST	<u>rate</u>	Well #: _5
Own	er Name: ROEHR, TER	RY P ETAL			
	Address: 14480 VOLLM	IER RD			
	City: COLORADO S	SPRINGS State:	CO Zip:	80908-2931	
	ner Name:				
	Address:				
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		
	er Name: Address:				
•	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		

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