KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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March 20
Form must be Typ

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 ___ KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: PIPER Saltwater Disposal Well - Permit No.: ___ 2 Twp. 35 R. 37W FEXIW Spot Location: ______ feet from N / S Line Legal Description of Lessa-__ feet from 🔲 E / 🔲 W Line Enhanced Recovery Project Permit No.:_ T035S - R037W: SEC 002 SW4, NW4, NE4, SE4 Entire Project: Yes No Number of Injection Wells County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s):___ **COUNCIL GROVE** ** 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 E / W Line of Section Type of Pit: Emergency Bum Settling Haul-Off Workover 1 Drilling Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: RECEIVED. KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION 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 New Operator's License No. -**BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 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 _ 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** Authorized Signature DISTRICT _ PRODUCTION 10.17.17 Mail to: Past Operator_ New Operator

Side Two

Must Be Filed For All Wells

Lease Name:	PIPER	*Location; 2 35 37W/NE					
Well No.	API No. (YR DRLD/PRE '67) 15189205880000	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
12		1250FNL	1250FEL	GAS	TA'd		
		FSUFNL	FEL/FWL				
····		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL		CONSERVATION DIVISION		
		FSL/FNL	FEL/FWL		WICHITA, KS		

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	NEsec.2 Twp.35 S. R.37 Eas X West		
Address 1: P. O. BOX 4358	County: Stevens		
Address 2:			
City: HOUSTON State: TX Zip: 77210 + 435	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	the lease below: T035S - R037W: SEC 002 SW4, NW4, NE4, SE4		
Phone; (713 431-1850 Fax: (713 431-1475			
Email Address: adam.e.scott@exxonmobil.com			
Surface Owner Information:			
Name: See Attached			
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:			
the KCC with a plat showing the predicted locations of lease road	(Cathodic Protection Borehole Intent), you must supply the surface owners and is, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or w	otice Act (House Bill 2032), I have provided the following to the surface ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eform being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.		
KCC will be required to send this information to the surf	(s). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 ha form and the associated Form C-1, Form CB-1, Form T-1, or For	ndling fee with this form. If the fee is not received with this form, the KSONA-1 m CP-1 will be returned.		
I hereby certify that the statements made herein are true and cou	rect to the best of my knowledge and belief.		
Date: 6/15/2013 Signature of Operator or Agent: 70.	Michael McNulty Title: Regional Land Manager		
API # :15189205880000 KDOR #20	RECEIVED KANSAS CORPORATION COMMISSION		

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15189205880000	Lease Name: _	PIPER		Well #: <u>1-2</u>
Own	er Name: YOUNG, WALTER	R D TR			
•	Address: PO BOX 567				
	City: HUGOTON	State:	KS Zip:	67951-0567	
Own	er Name:				
4	Address:				
	City:	State:	Zip	:	
	er Name: Address:				
	City:	State:	Zip:		
	r Name: ddress:				
	City:	State:	Zip:		
	· Name: ddress:				
	City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013