070113_R_Brown.edf

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

Check Applicable Boxes: MUST be su	nce with the Kansas Surface Owner Notification Act, bmitted with this form.
Oil Lease: No. of Oil Wells	1
X Gas Lease: No. of Gas Wells1	Eliablive Date of Transier:
Gas Gathering System:	KS Dept of Revenue Lease No.: 220415
Saltwater Disposal Well - Permit No.:	Lease Name: R BROWN
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T035S - R037W: SEC 011 NE4, S2, NW4
Entire Project: Yes No	-
Number of Injection Wells	
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	County: Stevens
** Side Two Must Be Completed.	Production Zone(s): CHASE
one the must be completed.	Injection Zone(s):
Surface Pit Permit No.:	
(API No. If Drill Pit, WO or Haul)	teet from N / S Line of Section
Type of Pit: Emergency Burp Settling	feet from E / W Line of Section
Settling Settling	Haul-Off Workover OR Drilling
Past Operator's License No5208	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 RECEIVED
P. O. BOX 4358, HOUSTON, TX 77210-4358	KANSAS CORPORATION COMMISSION
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: 05/31/2013
IDE	Signature: Andrew D. Cole JUN 1 8 2013
	CONSERVATION DIVISION
New Operator's License No32864/	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	(Troops,
OKLAHOMA CITY, OK 73102	Oil / Gas Purchaser: ONEOK FIELD SERVICES
	Date:05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been
records of the Kansas Corporation	Commission. This acknowledgment of transfer participa to Kanana Comments
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	_
Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit
	permitted by No.:
Date:	Date:
Authorized Signature/	Authorized Signature
DISTRICT EPR (0/21/13	PRODUCTION OCT 2 2 2013 UIC 10-22-13
Mail to: Past Operator New Operator	

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

Side Two

Must Be Filed For All Wells

Lease Name	R BROWN		• Location: 11 35 37WSW			
Well No. API No. (YR DRLD/PRE '67)			Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
13 INF	15189219070001	1250F\$L	2485FWL_	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
5.000		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	_	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL				
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	de construir en		
.,		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
E A COMMON TO THE PROPERTY OF THE PARTY OF T		FSL/FNL	PELFWL	- BERNETHARD ART SCHOOL CHANGE CONTROL	The second of the second secon	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	· · · · · · · · · · · · · · · · · · ·	RECEIVED COMMISSION	
<u>.</u>		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	***************************************	JUN 1 8 2013 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	
Name: EXXONMOBIL OIL CORPORATION	
Address 1: P. O. BOX 4358	
Address 2:	
City: HOUSTON State: TX Zip: 77210 + 4358	460 A: T2 IME
Contact Person: ADAM SCOTT	the lease helow
Phone: (713 431- \ 85 9 Fax: (713 431-1475	T035S - R037W: SEC 011 NE4, S2, NW4
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	140 00 0
address 1:	sheet listing all of the intermetion to the late orace s, anaco an additional
ddress 2:	
ity:	
re preiminary non-binding estimates. The locations may be enter	Cathodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat. Form CR. I plat for a suppost point white surface is the plat of the plat
elect one of the following:	red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
ielect one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land moon which the subject well to continue the subject well the subject well to continue the subject well the subject well to continue the subject will be subject with the subject well to continue the subject well the subject will be subject with the subject will be subject with the subject will be subject with the subject will be subject	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form
elect one of the following: Continued to the following:	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address.
elect one of the following: Continued to the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, form; and provided this information to the surface owner(s) KCC will be required to send this information to the surface choosing the second option, submit payments of the second option, submit payments of the second option, submit payments of the second option.	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address. I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form.
elect one of the following: X I certify that, pursuant to the Kansas Surface Owner Notiowner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, fall I have not provided this information to the surface owner(s) KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hand the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and the associated Form C-1, Form CB-1, Form T-1, or Formation and I have the context of the surface of	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address. I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.
elect one of the following: I certify that, pursuant to the Kansas Surface Owner Notiowner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, fall I have not provided this information to the surface owner(s) KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hand choosing the second option, submit payment of the \$30.00 hand and the associated Form C-1, Form CB-1, Form T-1, or Form the second continuation to the surface the second option of the second o	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address. I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.

JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

Surface Owners

AP#: 15189219070001 Lease Name: R BROWN Well #: _ 1-3 INF Owner Name: GREWELL, DONALD P & PHILLIS K LE ETA Address: 1114 ROAD A City: HUGOTON State: KS **Zip:** 67951-5125 Owner Name: Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: **Owner Name:** Address: City: State: Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS