070113_R_Crawford_19.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 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 200766 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: R CRAWFORD Saltwater Disposal Well - Permit No.: __ Sec. 19 Twp. 32 R. 37W [E X W _ feet from N / S Line Legal Description of Lease: _ feet from \square E / \square W Line T032S - R037W: SEC 019 E2 SE4, W2 SE4, NE4 SEC 030 E2 Enhanced Recovery Project Permit No.: NW4, E2 SW4 T032S - R038W: SEC 025 NE4 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.: teet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Workover 7 Type of Pit: Emergency Bum Settling Haul-Off Drilling Past Operator's License No. $_^{5208}$ **LAURIE KILBRIDE** Contact Person: KCC WICHITA 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. Cole RECEIVED New Operator's License No. 32864 **BRENDA WALLER** Contact Person: _ New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES 210 PARK AVENUE, SUITE 2350 05/31/2013 **OKLAHOMA CITY, OK 73102** Date: Signature: Douglas C. Schultze Title: SR. OPERATIONS VICE PRESIDENT 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 Authorized Signature DISTRICT -

Mail to: Past Operator_

PRODUCTION

Must Be Filed For All Wells

Lease Name	R CRAWFORD		Location: 15	*Location: 19 32 37 WSE			
Well No.	API No. (YR DRLD/PRE '67)		Foolage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
1	15189002460000 /	1320FSL	1320FEL	GAS	ACTIVE		
	-	7-16-16-16-16					
		FSL/FNL	FEL/FWL	The second secon			
		FSUFNL	FEUFWL	A-4	- VANDA		
	-	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		•		
		FSL/FNL	FEL/FWL				
		FSUFNL	FEL/FWL		•		
	_	FSL/FNL	FEL/F W L				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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					JUN 1 8 2013		
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w		FSL/FNL	FEL/FWL				

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		fell Location:SE Sec. 19 Twp.32 S. R. 37 Eas X West			
Address 1: P. O. BOX 4358		ounty: Stevens			
Address 2:	-	ease Name; R CRAWFORD Well #; 1			
City: HOUSTON State: TX	Zip: 77210 + 4358 #	filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	t t	the lease below: T032S - R037W: SEC 019 E2 SE4, W2 SE4, NE4 SEC 030 E2 NW4, E2 SW4 T032S - R038W: SEC 025 NE4			
Phone: (713 431-1859 Fax:	, /13 43 1-14/0				
Email Address: adam.e.scott@exxonmo	bil.com				
Surface Owner Information:					
Name: See Attached	mare to an effect additional control of the comment of the control	When filing a Form T-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 content of			
Address 2:	Co	ounty, and in the real estate property tax records of the county treasurer.			
Crty: State:	Zip:+				
owner(s) of the land upon which CP-1 that I am filing in connectio form; and 3) my operator name, a I have not provided this informati KCC will be required to send this	the subject well is or will be located in with this form; 2) if the form being address, phone number, fax, and en on to the surface owner(s). I acknow is information to the surface owner(s)	ouse Bill 2032), I have provided the following to the surface d: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form filed is a Form C-1 or Form CB-1, the plat(s) required by this nail address. Wedge that, because I have not provided this information, the judget the additional cost of the KCC performing this payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit pa form and the associated Form C-1, Form		ith this form. If the fee is not received with this form, the KSONA-1 be returned.			
I hereby certify that the statements made	herein are true and correct to the b	est of my knowledge and belief.			
Date: 6/15/2013 Signature of C	perator or Agent: <i>M. Michael Mic</i>	Nulty Tille: Regional Land Manager			
API # :15189002460000	KDOR #200766	KCC WICHITA			

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

RECEIVED

JUN 18 2013

Surface Owners

API#:_	15189002460000	Lease Name: _	R CRAWFO	DRD	Well i	#: <u>1</u>	
						,	
Owne	er Name: BLACKBURN, JE	RRY & MICHAEL	REX				
	Address: 270 SKYLINE DR						
	City: BRISTOL	State:	TN Zip	: 37620-4141			
_							
	er Name: Address:						
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KCC WICHITA
JUN 18 2013
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