### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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, MUST be submitted with this form.

Check Applicable Boxes: MUST be submit	itted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013		
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 207399		
Gas Gathering System:	Lease Name: RAPPGRIGSBY		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T031S - R036W: SEC 021 All		
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens Production Zone(s): COUNCIL GROVE		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.: (API No. if Drill Pt. WO or Haul)	feet from N / S Line of Section		
(Per Procedure Control of Fidaly	leet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover O		
Past Operator's License No	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: _713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	05/04/0040		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Vale.		
Title:	Signature: <u>Andrew D. Cole</u>		
New Operator's License No. 32864	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	- 405.240.2250 DEGENERO		
210 PARK AVENUE, SUITE 2360	Phone: KANSAS CORPORATION COMMISSIO Oil / Gas Purchaser: WGP-KHC LLC		
OKLAHOMA CITY, OK 73102	Onle: 05/31/2013 JUN 1 8 2013		
	CONSTRUCTION AND ADDRESS OF THE PROPERTY OF TH		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u> CONSERVATION DIVISION WICHITA, KS		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
	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 Iluids as authorized by	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date	Date:		
Date:	Authorized Signature		
DISTRICT EPR	PRODUCTION OCT 3 0 2013 uic 10-30-13		
Mail to: Past Operator New Operator			

#### Side Two

KDOR Lease	e No.: 207392	Must B	e Filed For All Wells			
* Lease Name		* Location: 21 31 36W W2_				
Well No.	API No. (YR DRLD/PRE '57)	Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSV)		
1	15189203470000	2644FSL	3939FEL	GAS	ACTIVE	
		FSL/FN	FEL/FWL			
		FSL/FN	LFEL/FWL			
		FSL/FN	LFEL/FWL			

**FEL/FWL** 

**FEL/FWL** 

FEUFWL

**FEL/FWL** 

. FEL/FWL

**FEL/FWL** 

**FEL/FWL** 

FELFWL

FEL/FWL

**FEL/FWL** 

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WICHITA, KS

**FSL/FNL** 

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FSL/FNL

FSUFNL

FSL/FNL

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

520g				
OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATIO	Well Location:	. ₩2 Sec. 21 Twp.31 S. R. 36 Eas X West		
		RAPPGRIGSBY Well #: 1		
Address 2: State: _TX				
Contact Person: ADAM SCOTT		If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: ( 713 431 1859 Fax:	713 431-1475 T031S - R036	W: SEC 021 Ali		
Email Address: adam.e.scott@exxonmol				
Elliali Addiess:				
Surface Owner Information:  Name: See Attached	When Steve as	From Et involving multiple endage numere attach un additional		
Address 1:	sheet listing all	When filing a Form 1.1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	OPPICE HIDDINAL	tion can be found in the records of the register of deeds for the the real estate property tax records of the county treasurer.		
City: State:	The administration of the second operation of the control of the second	. , ,		
are preliminary non-binding estimates. The Select one of the following:	ne locations may be entered on the rorm C-1 pt	at, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a	the subject well is or will be located: 1) a copy n with this form: 2) if the form being filed is a Fo address, phone number, fax, and email address			
KCC will be required to send this		because I have not provided this information, the ite the additional cost of the KCC performing this he KCC, which is enclosed with this form.		
If choosing the second option, submit pa form and the associated Form C-1, Form	yment of the \$30.00 handling fee with this form CB-1, Form T-1, or Form CP-1 will be returned	n. If the fee is not received with this form, the KSONA-1 1.		
I hereby certify that the statements made	herein are true and correct to the best of my ki	nowledge and belief.		
Date: 6/15/2013 Signature of O	perator or Agent:	Title: Regional Land Manager		
API # :15189203470000	KDOR #207392	RECEIVED KANSAS CORPORATION COMMISSI		

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CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

#### **Surface Owners**

API#: 15189203470000 **RAPPGRIGSBY** Lease Name: Owner Name: FISCHER, JOHN HENRY REV LIV TR Address: ATTN: HATHORNE, DON 7502 WAKETON City: SAN ANTONIO State: TX **Zip:** 78250-3198 **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip:



Well #: \_1\_

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