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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Ratcliff_8.pdf
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

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form

Check Applicable Boxes: MUST be submit	ited 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.: 208332		
Gas Gathering System:	-		
Saltwater Disposal Well - Permit No.:	Lease Name: RATCLIFF		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T033S - R037W: SEC 008 W2 SEC 017 W2		
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): COUNCIL GROVE		
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	leet from N / S Line of Section		
,	leet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OC Drilling		
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	Date: 05/31/2013 RECEIVED		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Uate: KANSAS CORPORATION COMMISSION Signature: Andrew D. Cole		
	JUN 1 8 2013		
New Operator's License No. 32864	JUN 1 8 2013 CONSERVATION DIVISION		
New Operator's License No. 32864	Contact Person: BRENDA WALLER CONSERVATION DIVISION WIGHTA, KS		
	Contact Person: BRENDA WALLER CONSERVATION DIVISION WIGHTA, KS Phone: 405-319-3259		
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350	Contact Person: BRENDA WALLER CONSERVATION DIVISION WIGHTA, KS Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES		
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102	Contact Person: BRENDA WALLER CONSERVATION DIVISION WIGHTA, KS Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Must Be Filed For All Wells

.ease Name	: RATCLIFF		Location: 8 33 37WSW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
34	15189201070001	660FSL	4620FEL	GAS	ACTIVE		
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
****		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
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		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
	-	FSL/FNL	FEL/FWL				
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		FSUFNL	FEL/FWL				
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL	ANALYST CONTROL THE SEE SEED SECTION OF SERVICE SERVICE SERVICE CONTROL CONTRO	Secretary Commencer (Commencer Commencer Comme		
		FSL/FNL	FEL/FWL		OPAEL FR		
		FSL/FNL	FEL/FWL		RECEIVED KANSAS CORPORATION COMMI		
		FSL/FNL	FEL/FWL		JUN 1 8 2013_		

__fsl/fnl ______fel/fwl _

_____FSUFNL _____FEUFWL __

CONSERVATION DIVISION 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 #	08	Well Location:			
Name: EXXONMOBIL OIL	CORPORATION	SV	N Sec. 8 Twp.33 S. R. 37 Eas X West		
Address 1: P. O. BOX 4358	3	County: Stevens			
Address 2:		Lease Name: RAT	CLIFF Well #: 34		
Cay: HOUSTON State: TX Zip: 77210 + 4358			and the second s		
Contact Person: ADAM SCO			the lease below: T033S - R037W: SEC 008 W2 SEC 017 W2		
	Fax: (713 431-1475	10333 - 1037 11. 3	EC 000 W2 SEC 017 W2		
Email Address: adam.e.sc	ott@exxonmobil.com				
Surface Owner Information:					
Name: See Attached	Bhreann seilin hinningara sama na rassara anno an sainne. Th' i ann ainse ann ann an seil i an ann ann an an a		T-1 involving multiple surface owners, attach an additional		
			he information to the left for each surface owner. Surface can be found in the records of the register of deeds for the		
Address 2:			eal estate property tax records of the county treasurer.		
City:	_ State: Zip:+				
owner(s) of the land CP-1 that I am filing form; and 3) my ope	I upon which the subject well i in connection with this form; 2 trator name, address, phone n this information to the surface	is or will be located: 1) a copy of the or will be located: 1) if the form being filed is a Form Coumber, fax, and email address. Owner(s). I acknowledge that, because.	I have provided the following to the surface the Form C-1, Form CB-1, Form T-1, or Form C-1 or Form CB-1, the plat(s) required by this have not provided this information, the periodic additional cost of the KCC performing this		
			cC, which is enclosed with this form.		
		0.00 handling fee with this form. If or Form CP-1 will be returned.	the fee is not received with this form, the KSONA-1		
I hereby certify that the state	ements made herein are true a	and correct to the best of my knowle	edge and belief.		
Date: 6/15/2013	Signature of Operator or Agent: _	M. Michael McNulty	Tille: Regional Land Manager		
			RECEIVED		

JUN 1 8 2013

Surface Owners

API#:	15189201070001	Lease Name: _	RATCI	_IFF		Well #: <u>3-4</u>	
Own	ner Name: SCHNITTKER,	THOMAS G & KA	YL TRS	TTEES	3		
	Address: 445 SE PARK HILLS DR						
	City: PRATT	State:	KS	Zip:	67124-8230		
Owr	ner Name: Address:						
	City:	State:		Zip:			
	ner Name: Address:						
	City:	State:		Zip:			
	er Name: Address:						
	City:	State:		Zip:			
	er Name: Address:						
	City:	State:		Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS