KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Republic_Fee_35.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,

Check Applicable Boxes: MUST be subn	nitted with this form.
Oil Lease: No. of Oil Wells X Gas Lease: No. of Gas Wells Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 203335 Lease Name: REPUBLIC FEE SW Sec. 35 Twp. 32 R. 36W E X W Legal Description of Lease: T032S - R036W: SEC 035 S2, NE4, N2 NW4, S2 NW4 County: Stevens Production Zone(s): CHASE
Surface Pit Permit No.: (API No. II Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	Injection Zone(s):
Past Operator's License No	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 KCC WICHITA Date: 05/31/2013 JUN 18 2013 Signature: Andrew D. Cole RECEIVED
New Operator's License No. 32864 / New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Contact Person:BRENDA WALLER Phone:405-319-3259 Oil / Gas Purchaser:ONEOK FIELD SERVICES Date:05/31/2013 Signature:Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	authorization, surface pit permit #has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit.
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:	the new operator of the above named lease containing the surface pit permitted by No.:
	Authorized Signature PRODUCTION 9.27.13 uic 9-2.1-13 District District

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

Side Two

"

KDOR Lease No.: __203335

Must Be Filed For All Wells

* Lease Name:	REPUBLIC FEE	* Location: 35 32 36WSW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Ges/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
2	15189001480000 🗸	2475FSL	2805FEL	GAS	ACTIVE	
		FSUFNL	FEUFWL	•		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	***************************************	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		=	
	***************************************	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
						
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			FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		KCC WICHITA	
		FSL/FNL	FEL/FWL	****		
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		EQL/ENI	551 /51AN		RECEIVED	

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	Mid Landin
Name: EXXONMOBIL OIL CORPORATION	Well Location:SW Sec. 35 Twp.32 S. R. 36 Eas(X) West
Address 1: P. O. BOX 4358	C Pterrane
Address 2:	
City: HOUSTON State: TX Zip: 77210 + 4358	
Contact Person: ADAM SCOTT	the lease below:
Phone: (713 431- 1859 Fax: (713 431-1475	T032S - R036W: SEC 035 S2, NE4, N2 NW4, S2 NW4
Email Address: adam.e.scott@exxonmobil.com	_
Surface Owner Information:	
Name: See Attached	When liling a Form 1-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	 owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.
City:	_
Owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032). I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form to being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling.	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ng fee, payable to the KCC, which is enclosed with this form.
f choosing the second option, submit payment of the \$30.00 handlir form and the associated Form C-1, Form CB-1, Form T-1, or Form Cl	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.
hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent; M. Mick	hael Millutty Tille: Regional Land Manager

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

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Surface Owners

API#:	15189001480000	Lease Name: _	REPUBLIC F	EE	Well #: 2
Own	er Name: YOUNG, WALTER	R D TR			
	Address: PO BOX 567				
	er III.o.Tov				
	City: HUGOTON	State:	KS Zip:	67951-0567	
	er Name: Address:				
	City:	State:	Zip:		
	er Name: Address:				
•					
	City:	State:	Zip:		
Owne	er Name:				
	Address:				
	City:	State:	Zip:		
Owne	er Name:				
	Address:				
	City:	State:	Zip:		
	July.	Julie.	Zip:		

JUN 18 2013
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