KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Typed
Form must be Signed
All blanks must be Filled

uic 10-25-13

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:** Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: __ Gas Gathering System:. Lease Name: RINEY Saltwater Disposal Well - Permit No.: N² Sec. 3 Twp. 32 R. 37W EXIW Spot Location: ______ feet from N / N S Line Legal Description of Lease: _ feet from \square E / \square W Line T032S - R037W: SEC 003 All Enhanced Recovery Project Permit No.: 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): Surface Pit Permit No.: _ leet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: **Emergency** Burn Settling Haul-Off Workover / Drilling Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: _ Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 RECEIVED KANSAS CORPORATION COMMISSION P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS **BRENDA WALLER** New Operator's License No. 32864 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** Oale:_ Title: SR. OPERATIONS VICE PRESIDENT Signature: <u>Douglas C. Schultre</u> Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ noted, approved and duty 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 _ 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 ____ . Recommended action: _ Permit No.: __ permitted by No.: ___ Authorized Signature Authorized Signature.

New Operator

DISTRICT -

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

	<i>y</i>	Must be	riled For All Wells				
* Lease Name: RINEY		* Location: 3 32 37WN 2					
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
12	15189201170000 🗸	1250FNL	2590FEL	GAS	ACTIVE		
		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/FWL				
	_	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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	_	FSL/FNL	FEL/FWL		JUN 1 8 2013		

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____FEL/FWL

____FEL/FWL .

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.

Select the corresponding form being fi	iled: C-1 (Intent) CB-1 (Cathodic Protection B	Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 5208	Mali Location	Well Location:			
Name: EXXONMOBIL OIL CORPORATION					
Address 1; P. O. BOX 4358		ens			
Address 2:	·	Lease Name: RINEY Well #: 1-2 If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
City: HOUSTON State: TX	Zip:				
Contact Person: ADAM SCOTT	the lease bel	the lease below: T0328 - R037W: SEC 003 All			
Phone: (713 431-/850 Fax:	713 431-1475 T032S - R03				
Email Address: adam.e.scott@exxonmol					
Surface Owner Information:					
Name: See Attached		When filing a Form T-1 involving multiple surface owners, attach an additional 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			
Address 1:					
Address 2:		the real estate property tax records of the county treasurer.			
City: State:	Zip:+				
owner(s) of the land upon which CP-1 that I am filing in connection	the subject well is or will be located: 1) a cop	032), I have provided the following to the surface y of the Form C-1, Form CB-1, Form T-1, or Form orm C-1 or Form CB-1, the plat(s) required by this s.			
KCC will be required to send this		t, because I have not provided this information, the late the additional cost of the KCC performing this the KCC, which is enclosed with this form.			
If choosing the second option, submit pa form and the associated Form C-1, Form	nyment of the \$30.00 handling fee with this form n CB-1, Form T-1, or Form CP-1 will be returned	m. If the fee is not received with this form, the KSONA-1 d.			
I hereby certify that the statements made	e herein are true and correct to the best of my l	knowledge and belief.			
Date: 6/15/2013 Signature of O	perator or Agent: W. Michael McNulty	Title: Regional Land Manager			
API # :15189201170000	KDOR #208337	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

Surface Owners

API#: 15189201170000

RINEY

API#:_	15189201170000	Lease Name: _	RINEY		Well #:1-2
Owne	er Name: RANDLE, LARR	Y G REV TR TTEE	S		
•	Address: 1149 ROAD X				
	City: HUGOTON	State:	KS Zip	: 67951-5217	
	er Name: Address:				
	City:	State:	Zi	o :	
	er Name: Address: City:	State:	Ziŗ	:	
			·		
	r Name: .ddress:				
	City:	State:	Zip	:	
	r Name: .ddress:				
	City:	State:	Zip	:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS