## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Kaneas Surface Owner Notification Act,

Check Applicable Boxes: MUST be subm	itted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013  KS Dept of Revenue Lease No.: 202572  Lease Name: ROBERT MOORE
Surface Pit Permit No.:	Injection Zone(s):
Past Operator's License No. 5208  Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358  Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT  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  Acknowledgment of Transfer: The above request for transfer of injection	Contact Person: LAURIE KILBRIDE KANSAS CORPORATION COMMISSION Phone:
the new operator and may continue to inject Iluids as authorized by  Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
District EPR / 0 /21 / 3  Mail to: Past Operator New Operation	Date:

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

#### Side Two

#### Must Be Filed For All Wells

Lease Name:	ROBERT MOORE		* Location: 11 27 37W NE			
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	15067003200000 /	2970FSL	2310FEL	GAS	ACTIVE	
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		FSL/FNL	FEUFWL			
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		FSL/FNL	FEL/FWL		JUN 1 8 2013	
· · · · · · · · · · · · · · · · · · ·		FSUFNL	FEL/FWL	C	ONSERVATION DIVISION WICHITA, KS	

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 háy 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	10	Velt Location:
Name: EXXONMOBIL OIL CORPORATION		
The state of the state of the second of the	The section of the se	county: Grant
Address 2:		ease Name: ROBERT MOORE Well #: 1
City: HOUSTON State: TX	Zips 77210 ++ 4358	filing a Form 1-1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	n	ne lease below:
Phone: ( 713 431- 1859 Fax:	<sub>(</sub> 713 431-1475	027S - R037W: SEC 011 N2, SE4, SW4
Email Address: adam.e.scott@exxonmo	bil.com	
Surface Owner Information:		
Name: See Attached		then librig a Form 1.1 involving multiple surface owners, attach an additional
Address 1:	S	heet listing all of the information to the left for each surface owner. Surface wher information can be found in the records of the register of deeds for the
Address 2:		ounty, and in the real estate property tax records of the county treasurer.
City: State:	_ Zip:++	
		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
CP-1 that I am filing in connectio	n with this form; 2) if the form being address, phone number, fax, and er	filed is a Form C-1 or Form CB-1, the plat(s) required by this
KCC will be required to send this	information to the surface owner(s	wledge that, because I have not provided this information, the (i). To mitigate 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	nyment of the \$30.00 handling fee v o CB-1, Form T-1, or Form CP-1 will	uth 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 I	est of my knowledge and belief.
Date: 6/15/2013 Signature of O	perator or Agent:	Nulty Tille: Regional Land Manager
API # :15067003200000	KDOR #202572	RECEIVED KANSAS CORPORATION COMMISSIC

JUN 1 8 2013

### **Surface Owners**

API#:	15067003200000	Lease Name:	ROBERT MOORE	Well #:1		
				, n		
Own	Owner Name: MOORE, ROBERT A FAMILY TRUST					
Address: 9643 N RD L						
	City: ULYSSES	State:	KS <b>Zip:</b> 67880			
	ner Name: Address:					
	City:	State:	Zip:			
	er Name: Address:					
	City:	State:	Zip:			
	er Name: Address:					
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	City:	State:	Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS