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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 Kansas Surface Owner Notification Act,

Check Applicable Boxes:	714 1984 2
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.: 203702
Gas Gathering System:	Lease Name: STAMLER
Saltwater Disposal Well - Permit No.:	- NE _{Sec.} 31 _{Twp.} 32 R. 38W □ E XW
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: T032S - R038W: SEC 031 E2 SEC 035 SW4
Enhanced Recovery Project Permit No.:	10325 - R038W: SEC 031 E2 SEC 035 3114
Entire Project: Yes No	
Number of Injection Wells **	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed	Injection Zone(s):
Surface Pit Permit No.:	leet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover OF Drilling
Past Operator's License No. 5208/	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	
P. O. BOX 4358, HOUSTON, TX 77210-4358	KCC MICHILL
	Date
Title:RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole JUN 18 ZUIJ
	RECEIVED
New Operator's License No	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES
	05/04/0042
OKLAHOMA CITY, OK 73102	Date.
Title: SR. OPERATIONS VICE PRESIDENT	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	Commission. This acknowledgment of transfer pertains to Kansas Corporation
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is acknowledged as	is acknowledged as
is acknowledged as the new operator and may continue to inject fluids as authorized by	
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.: Date:
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.: Date:
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:	PRODUCTION 9.27.43 UIC 9-27-13

Side Two

Must Be Filed For All Wells

ease Name	STAMLER	* Location: 31 32 38W/JE				
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	
1	15189002980000 🗸	3960FSL	1320FEL	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	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL	<u> </u>	KCC WICHITA	
		FSL/FNL	FEL/FWL		_JUN 1 8 2013	
		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL	FEL/FWL			
			FEL/FWL			

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 hay 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.

KCC WICHIT			
tack McNulty Regional Land Manager			
to the best of my knowledge and belief			
g fee with this form. If the fee is not received with this form, the KSONA-1 2-1 will be returned.			
acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form.			
Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form a being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
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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.			
When filing a Form 1.1 involving multiple surface owners, attacts an additional sheet listing all of the information to the left for each surface owner. Surface			
10000			
the lease below: T0325 - R038W: SEC 031 E2 SEC 035 SW4			
If filing a Form 1.1 for multiple wells on a lease, enter the legal description of			
Lease Name: STAMLER Well #: 1			
County: Stevens			
Well Location: NE sec.31Twp.32S. R.38Eas X West			

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

RECEIVED

Surface Owners

API#:	15189002980000	_ Lease Name: _	STAMLER		Well #: _1	
Owr	ner Name: GOERING, DO Address: PO BOX 472 City: HUGOTON	DNALD S & SHERRI State:		67951-0472		
	·					
Ow	ner Name: Address:					
	City:	State:	Zip	:		
Owi	ner Name: Address:					
	City:	State	: Zip:			
Owi	ner Name: Address:					
	City:	State:	Zip	:		
Owi	ner Name: Address:					
	City:	State	Zip.	:	KCC WICH	
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