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: MUST be submitted with this form. 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: STEBLETON Saltwater Disposal Well - Permit No.: ___ 33 Twp. 32 R. 37W __ feet from 🔲 N / 🔲 S Line Legal Description of Lease: ___feet from F / W Line T032S - R037W: SEC 033 NW4, SW4, SE4, NE4 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): CHASE ** Side Two Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: _ (API No. If Drill Pit, WO or Haul) leet from E / W Line of Section Type of Pit: Emergency Bum Settling Workover 12 Drilling Past Operator's License No. 5208 LAURIE KILBRIDE Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: _713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 KCC WICHITA 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: <u>Andrew D. Cole</u> RECEIVED New Operator's License No. 32864 / **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES **OKLAHOMA CITY, OK 73102** 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #____ noted, approved and duly 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: _ permitted by No.: ____ Date: Authorized Signature DISTRICT _

New Operator

Mail to: Past Operator_

Side Two

v

Must Be Filed For All Wells

Lease Name:	STEBLETON		- Location: 33 32 37WSE				
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	15189002590000 /	2 5 40FSL	2 5 40FEL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
		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		KCC WICHITA		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	***************************************	JUN 1 8 2013		
		FSL/FNL	FEL/FWL		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 Name: EXXONMOBIL OIL CORPORA		Well Location:		
Address 1: P. O. BOX 4358	County: Ste	SE. Sec. 33 Twp.32 S. R. 37Eas X West		
Address 2:	•	e: STEBLETON Well #: 1		
City: HOUSTON State: T	4 EU			
Contact Person: ADAM SCOTT	the lease be			
Phone: { 713 431- 1870 F.	9x; { 713 431-1475 T032S - R0	37W: SEC 033 NW4, SW4, SE4, NE4		
Email Address: adam.e.scott@exxonr	nobil.com			
Surface Owner Information:		· · · · · · · · · · · · · · · · · · ·		
Name: See Attached	When filing a	Form T.1 involving multiple surface owners, attach an additional		
	sheet listing	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 2:	county, and it	n the real estate property tax records of the county treasurer.		
Cay: State:	Xip:+			
Select one of the following: X I certify that, pursuant to the I owner(s) of the land upon which CP-1 that I am filing in connect	Kansas Surface Owner Notice Act (House Bill 2 th the subject well is or will be located: 1) a con-	1032), I have provided the following to the surface y of the Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form form C-1 or Form CB-1, the plat(s) required by this is.		
voc was no rednica to selid fi	ation to the surface owner(s). I acknowledge that his information to the surface owner(s). To mitig eing charged a \$30.00 handling fee, payable to	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 , form and the associated Form C-1, For	payment of the \$30.00 handling fee with this for im 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.		
hereby certify that the statements made	de herein are true and correct to the best of my k	crowledge and belief.		
Date: 6/15/2013 Signature of	Operator or Agent: M. Michael McNulty	_{Title:} _ Regional Land Manager		
API # :15189002590000	KDOR #203704	KCC M//CLUTA		

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

JUN 18 2013

RECEIVED

Surface Owners

API#:	15189002590000	Lease Name: _	STEBLETON	<u> </u>			
Owner Name: DOWELL, EDWARD L & SHIRLEY J							
	Address: 1631 STATE HWY			,			
	City: HUGOTON	State:	KS Zip:	67951-8912			
	er Name: Address:						
	City:	State:	Zip:				
	er Name: Address:						
	City:	State:	Zip:				
	r Name: .ddress:						
	City:	State:	Zip:				
	r Name: ddress:						
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JUN 18 2013
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