070113_Tatewhite.pdf

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 Compilance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes: MUST be subm	nitted with this form.
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.: 220891
Gas Gathering System:	Lease Name: TATEWHITE
Saltwater Disposal Well - Permit No.:	SE _sec 27 _Twp 25 _ R 35W E XIW
Spot Location: feet from N / S Line	
teet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T025S - R035W: SEC 027 All
Entire Project: Yes No	
Number of Injection Wells**	County: Kearny
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) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover \(\omega \) \(\omega \) Drilling
	LAUDIC VII BRIDE
Past Operator's License No	Contact Person: LAURIE KILBRIDE RECEIVED KANSAS CORPORATION COMMISSION
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: _713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u> CONSERVATION DIVISION WICHITA, KS
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: WGP-KHC LLC
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	on Commission. This acknowledgment of transfer pertains to Kansas Corporation
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
Permit No.: Recommended action:	permitted by No.:
Pote	Date:
Date:	Authorized Signature
DISTRICT EPR _/0/22_//3	PRODUCTION
Mail to: Past Operator New Ope	

Side Two

Must Be Filed For All Wells

' Lease Name	TATEWHITE		Location; 27	25 35W S E		
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned	
3 INF	15093214970000	660FSL	2530FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEL/FWL		<u> </u>	
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	Note that Washington and the special property of the s	FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		_	
,		FSL/FNL	FEL/FWL		DECEMBE.	
		FSL/FNL	FEL/FWL	KANS	RECEIVED AS CORPORATION COMMISSION	

A separate sheet may be attached if necessary

_FEL/FWL

FELFWL

.FSL/FNL _

_FSL/FNL

JUN 1 8 2013

CONSERVATION DIVISION
- WICHITA, KS

^{*} 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		Well Location:	
Name: EXXONMOBIL OIL CORPORA	TION		Twp.25 S. R. 35 Eas X West
Address 1: P. O. BOX 4358	a palata and amounts of		
Address 2:		Lease Name: TATEWHITE	Well #: 3 INF
City: HOUSTON State: TX	(lf filing a Form 1-1 for moltiple we	alls on a lease, enter the legal description of
Contact Person: ADAM SCOTT	Control Subministration and control of the Control	the lease below:	•
Phone: (713 431-1859 Fa	ox: (713 431-1475	T025S - R035W: SEC 027 All	
Email Address: adam.e.scott@exxonn	nobil.com		
Surface Owner Information:			
Name: See Attached	The state of the second		multiple surface owners, attach an additional
Address 1:		sheet listing all of the information owner information can be found it	n to the left for each surface owner. Surface in the records of the register of deeds for the
Address 2:	The second secon	county, and in the real estate prop	perty tax records of the county treasurer.
City: State:	Zip:+		
Select one of the following:	The locations may be emerced	5.1.11.2 T G 1,17.2 7 p. 10,11 0.2 7 p. 1	at, or a separate plat may be submitted.
CP-1 that I am filing in connect	ch the subject well is or will be	located: 1) a copy of the Form C-1 being filed is a Form C-1 or Form	, Form CB-1, Form T-1, or Form
KCC will be required to send to	this information to the surface o	acknowledge that, because I have wner(s). To mitigate the additional g fee, payable to the KCC, which is	cost of the KCC performing this
If choosing the second option, submit form and the associated Form C-1, Fo			ot received with this form, the KSONA-1
I hereby certify that the statements ma	nde herein are true and correct t	o the best of my knowledge and be	elief.
Date: 6/15/2013 Signature of	f Operator or Agent; <i>M. Mick</i>	ael McNultyTil	le: Regional Land Manager
API # :15093214970000	KDOR #220891		RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

Surface Owners

API#:	1509321	4970000	Lease Name: _	TATEW	HITE		 Well #:	3 INF	÷
Own	er Name:	KOSTER, DUANI	E & KATHY TRUS	Г					
	Address:	PO BOX 855							
	City:	GARDEN CITY	State:	KS	Zip:	67846			
Owi	ner Name:								
	Address:								
	City:		State:		Zip:				
	ner Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				

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