# 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 sub	nited with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer:
X Gas Lease: No. of Gas Wells	
Gas Gathering System:	KS Dept of Revenue Lease No.: 203974
Saltwater Disposal Well - Permit No.:	Lease Name: TAYLOR
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T032S - R036W: SEC 030 All
Entire Project: Yes No	•
Number of Injection Wells	2
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	County: Stevens
** Side Two Must Be Completed.	Production Zone(s): CHASE
	Injection Zone(s):
Surface Pit Permit No.:	
(API No. II Drill Pit, WO or Haul)	leet from N / S Line of Section
Type of Pit: Emergency Burn Settling	feet from E / W Line of Section
Type of Pri: Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: 05/31/2013
TIME:	Signature: Andrew D. Cole
	KCC WICHITA
New Operator's License No. 32864	Contact Person: BRENDA WALLER JUN 18 2013
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	RECEIVED
	Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature:
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been
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
Permit No.: Recommended action:	· ·
	permitted by No.:
Date:	Date
Authorized Signature /	Date:
DISTRICT EPR 10/16/13	PRODUCTION 10.17.13 UIC 10-17-13
Mail to: Past Operator New Operato	District

×

#### Must Be Filed For All Wells

* Lease Name	TAYLOR	- Location: 30 32 36 WNE				
Well No.	API No. (YR DRLD/PRE '67)	Footage Irom (i.e. FSL = Feet t	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned	
1	15189001430000 /	3300FSL	1980FEL	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			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		- FSL/FNL	FEL/FWL			
	And a second	FSL/FNL	FEI /FWI			
		ESI /ENI	FEL/FWL		All and the specific states where the states are a property to the states of the state	
			FEL/FWL			
		FSL/FNL		alla Performanti de selekti di desembleri di persona persona del proposito di persona del proposito del persona		
			FEL/FWL		VCC MUCHUTA	
			FEL/FWL		KCC WICHITA	
			FEL/FWL _		-JUN 1 8 2013	
			FEL/FWL _		RECEIVED	
		FSL/FNL	FEL/FWL _			

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 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 CORPORATIO	N	Well Location:
Address 1: P. O. BOX 4358	Millionnes - consiste artifluor de l' : les exemblers excludif aux es est est	
Address 2:		County: Stevens
City: HOUSTON State: TX	Tin: 77240 + 4358	Lease Name: TAYLOR Well #: 1
Contact Person: ADAM SCOTT	KIJA TIZIO III TOOO	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: ( 713 431-1859 Fax: (	713 431-1475	T032S - R036W: SEC 030 AII
Email Address: adam.e.scott@exxonmob		
Surface Owner Information:		
Name: See Attached		When filters is form I t involving multiple
Address 1:		When filing a Form 1.1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface
Address 2:		owner information can be tound in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.
City:State:		the county wedstady,
Select one of the following:	e locations may be entered on th	Protection Borenole Intent), you must supply the surface owners and Iteries, pipelines, and electrical lines. The locations shown on the plat e Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
	with this form: 2) if the form bein	House Bill 2032), I have provided the following to the surface ed: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form g filed is a Form C-1 or Form CB-1, the plat(s) required by this email address.
		owledge that, because I have not provided this information, the (s). To mitigate the additional cost of the KCC performing this payable to the KCC, which is enclosed with this form.
f choosing the second option, submit payr form and the associated Form C-1, Form C	nent of the \$30.00 handling fee B-1, Form T-1, or Form CP-1 wi	with this form. If the fee is not received with this form, the KSONA-1 If be returned.
hereby certify that the statements made h	erein are true and correct to the	best of my knowledge and belief.
Date: 6/15/2013 Signature of Oper	rator or Agent:	Country Title: Regional Land Manager
API # :15189001430000	KDOR #203974	KCC WICHITA

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

**KCC WICHITA** 

JUN 18 2013

RECEIVED

## **Surface Owners**

API#:	151890014	130000	Lease Name: _	TAYL	OR		Well #: 1
Own	Address: 11	RAMER ENTER 14 S MONROE JGOTON	PRISES & NORI			ARA TR 67951-2934	
	er Name: Address: City:		State:		Zip:		
	er Name: Address: City:		State:		Zip:		
	r Name: ddress: City:		State:		Zip:		
	· Name: ddress: City:		State:		Zip:		

JUN 18 2013
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