### 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, MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells 7/1/2013 Effective Date of Transfer-Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: WM E FLETCHER Saltwater Disposal Well - Permit No.: \_\_\_ 24 Twp. 27 \_R.\_ \_ feet from N / N S Line Legal Description of Lease: \_\_\_feet from | E / | W Line T027S - R037W: SEC 024 N2, SW4, SE4 Enhanced Recovery Project Permit No.:\_ Entire Project: Yes No Number of Injection Wells County: Grant Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): COUNCIL GROVE \*\* Side Two Must Be Completed. Injection Zone(s):\_ Surface Pit Permit No.: leet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover (\*)[ Drilling Past Operator's License No. 5208 LAURIE KILBRIDE Contact Person: Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 RECEIVED 05/31/2013 KANSAS CORPORATION COMMISSION **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: \_\_ Andrew D. Cole JUN 1 8 2013 **CONSERVATION DIVISION** New Operator's License No. 32864 **BRENDA WALLER** Contact Person: WICHITA KS New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: . 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: WGP-KHC LLC 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

Authorized Signature / /

Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

Authorized Signature

PRODUCTION UCT 2 4 2013

UIC 10-24-13

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

#### Must Be Filed For All Wells

Lease Name:	WM E FLETCHER  API No. (YR DRLD/PRE '67)	* Location: 24 27 37W/V W			
Well No.		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Mell Status (PhaiDd A D/Abandoned)
2	15067202860000	4030 3060FSL	4030 3060FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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1410	-	FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		JUN_1_8_2013
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION

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 Subject Stent); 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.

Select the corresponding form being fi	led: C-1 (Intent) CB-1 (Cathodic Prof	ection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License #5208	Mr. N.			
Name: EXXONMOBIL OIL CORPORATIO	***************************************	Well Location:		
D O DOV 4250		County: Grant		
Address 2:	•	Lease Name: WM E FLETCHER Well #: 2.  If filling a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  T0275 - R037W: SEC 024 N2, SW4, SE4		
City: HOUSTON State: TX	40.50			
Contact Person: ADAM SCOTT	the lea			
Phone: ( 713 431-1859 Fax:	713 431-1475 T0275			
Email Address: adam.e.scott@exxonmot	il.com			
Surface Owner Information:				
Name: See Attached	When i	When filing a Form T.1 involving multiple surface owners, attach an additional		
Address 1:		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 in the real estate property tax records of the county treasurer.		
City: State:	_ Zip:+			
Select one of the following:	ie iocatoris may be entered on the Form	C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which CP-1 that I am filing in connection	the subject well is or will be located: 1)	Bill 2032), I have provided the following to the surface a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this ddress.		
KCC will be required to send this	information to the surface owner(s). To	e that, because I have not provided this information, the mitigate the additional cost of the KCC performing this le to the KCC, which is enclosed with this form.		
If choosing the second option, submit pay form and the associated Form C-1, Form	ment of the \$30.00 handling fee with th CB-1, Form T-1, or Form CP-1 will be re	is form. If the fee is not received with this form, the KSONA-1 turned.		
hereby certify that the statements made	herein are true and correct to the best o	my knowledge and belief.		
Date: 6/15/2013 Signature of Op	nerator or Agent:	Title: Regional Land Manager		
API # :15067202860000	KDOR #207330	RECEIVED KANSAS CORPORATION COMMISSION		

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

#### **Surface Owners**

API#: 15067202860000 Lease Name: \_\_WM E FLETCHER Well #: \_2\_\_\_\_ Owner Name: MOYER, JAMES C & MARY K Address: 2158 E RD 5 City: ULYSSES State: KS **Zip:** 67880 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: **Owner Name:** Address: City: State: Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS