uic_10-25-12

District

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 7/1/2013 Effective Date of Transfer-Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 204112 Gas Gathering System: Lease Name: WILSON BROWNELL Saltwater Disposal Well - Permit No.: ___ ____ SE Sec. 36 Two 31 R _____feet from N/ S Line Legal Description of Lease: feet from 🔲 E / 🔲 W Line T031S - R036W: SEC 036 All Enhanced Recovery Project Permit No.:_ Entire Project: Yes No Number of Injection Wells_ County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** 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 7 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 05/31/2013 Date: ___ **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: <u>Andrew D. Cole</u> New Operator's License No. 32864 **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. KCC WICHITA 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: WGP-KHC LLC **OKLAHOMA CITY, OK 73102** 05/31/2013 RECEIVED Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultre 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 Authorized Signature

New Operator

DISTRICT -

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

KDOR Leas					
* Lease Name	: WILSON BROWNELL		* Location:_3	6 31 36 WSE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1		2310FSL	2310FEL	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		
		FSL/FNL	FEL/FWL		
	- Age	FSL/FNL	FEL/FWL	***	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
ANTA CANADAS INCORP. CANADAS INCORP.		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL	AMERICA CHINESE AND AND AND AND STORY AND	Company of the Compan
		FSL/FNL	FEL/FWL		
			FEL/FWL		CC WICHITA
				*** · · · · · · · · · · · · · · · · · ·	JUN 1 8 2013
		FSUFNL	FEL/FWL		

A separate sheet may be attached if necessary

___ FEL/FWL _

___FSL/FNL ___

RECEIVED

^{*} 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 CORPORATION	Well Location:	West Location:			
Address 1:P. O. BOX 4358					
Address 2:		BROWNELL Well #: 1			
City: HOUSTON State: TX Zip: 7		If filing a Form T-1 for multiple wells on a lease, enter the legal description o			
Contact Person: ADAM SCOTT	the lease below:				
Phone: (713 431- 1850 Fax: (713 43		6 All			
Email Address: adam.e.scott@exxonmobil.com					
Surface Owner Information:					
Name: See Attached	When filing a Form T.1 iou	rolving multiple surface owners, attach an additional			
Address 1:	sheet listing all of the into	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 esta	ate property tax records of the county freasurer.			
City: State: Zip:	+				
CP-1 that I am filing in connection with this I form; and 3) my operator name, address, ph I have not provided this information to the su KCC will be required to send this informatio	t well is or will be located: 1) a copy of the For form: 2) if the form being filed is a Form C-1 or	rm C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this have not provided this information, the littonal cost of the KCC performing this			
If choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1, Form	ne \$30.00 handling fee with this form. If the fee m T-1, or Form CP-1 will be returned.	e is not received with this form, the KSONA-1			
I hereby certify that the statements made herein are	true and correct to the best of my knowledge a	and belief.			
Date: 6/15/2013 Signature of Operator or Ac	gent: M. Michael McNulty	Title: Regional Land Manager			
API # :15189002270000	KDOR #204112	KCC WICHITA			

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

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Surface Owners

AFI#. 15189002270000	Lease Name: _	WILSON BRO	OWNELL	Well #: <u>1</u>	
Owner Name: ROWE, PAMELA Address: 145 PECAN ST	4				
City: HEREFORD	State:	TX Zip:	79045-3739		
Owner Name: Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			

JUN 18 2013 RECEIVED