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### 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 submit	ted with this form.			
Check Applicable Boxes:  Oil Lease: No. of Oil Wells*	Effective Date of Transfer: 7/1/2013  KS Dept of Revenue Lease No.: 200746  Lease Name: COMBES  - Nb Sec. 10 Twp. 32 R. 35W EXW			
X Gas Lease: No. of Gas Wells				
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from   E /   W Line	Legal Description of Lease: T032S - R035W: SEC 010 SE4, W2, NE4			
Enhanced Recovery Project Permit No.:	10325 - R035W: SEC 010 SE4; W2, NE4			
Entire Project: Yes No				
Number of Injection Wells**	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE  Injection Zone(s):			
" Side Two Must Be Completed.				
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling	leet from N / S Line of Section  leet from E / W Line of Section  Haul-Off Workover O Drilling			
	Contact Parrow LAURIE KILBRIDE			
Past Operator's License No	Contact Person:			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u>			
New Operator's License No32864 /	Contact Person: BRENDA WALLER			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 KCC WICHIT			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES JUN 1 8 2013			
OKLAHOMA CITY, OK 73102	Dale: 05/31/2013 RECEIVED			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
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			
DISTRICT EPR _// 6/13	PRODUCTION NOV 0 7 2013 UIC 11-7-13			
Mail to: Past Operator New Oper	rator District			

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 200746				
Lease Name:	COMBES		* Location: 10	32 35 WNW	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Section Line rom South Line)	Type of Well (Ol/Gas/NJ/WSW)	Well Status (PROD/TA'D/Abandoned)
A1	15189000860000	2970FSL	2970FEL	GAS	ACTIVE
		FSL/FNL	FEUFWL	agential and the second	
		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	FEUFWL	,	
		FSL/FNU	FEL/FWL		
		FSL/FNI	FEL/FWL		
		FSL/FN	FEL/FWL		
		FSL/FN	LFEL/FWL		
		FSL/FN	L FEL/FWL		
		FSL/FN	LFEL/FWL	Microscopius de processo de la companya del la companya de la companya del la companya de la com	
		FSL/FN			
***		FSL/FN			- KCC WICHIT
		FSL/FN	<del>-</del>		
		FSL/FN			JUN 1 8 2013
		FSUFN			RECEIVED

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	Well Location:		
Name: EXXONMOBIL OIL CORPORATION			
Address 1: P. O. BOX 4358	County: Stevens  Lease Name: COMBES Well #: A1		
Address 2:			
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77210 + 4358</u>	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: ADAM SCOTT	T032S - R035W: SEC 010 SE4, W2, NE4		
Phone: ( 713 431-1850 Fax: ( 713 431-1475	• •		
Email Address: adam.e.scott@exxonmobil.com			
Surface Owner Information:			
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface		
Address 1:	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:+			
	odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:  X   certify that, pursuant to the Kansas Surface Owner Notice	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form heing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:    Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form heing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  Cacknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this		
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:    Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subjectivel is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,    I have not provided this information to the surface owner(s).	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ang fee, payable to the KCC, which is enclosed with this form.		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JUN 18 2013

**RECEIVED** 

### **Surface Owners**

API#: 15189000860000	Lease Name: COMB	BES	Well #: _ <u>A1</u>
API#. 1318900000000			·
		TOC TIEES	: 2
	R, DONALD R & BEVERLY K LIV	IKO ITELO	
Address: 2500 RO	AD V		
City: MOSCOV	N State: KS	<b>Zip:</b> 67952-5239	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

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\_\_\_\_ Well #: \_A1\_\_\_