### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 Merch 2010 Form must be Typed Form must be Signed All blanks must be Filed

# 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 Walls Effective Date of Transfer: 7/1/2013 Gas Lease: No. of Gas Wells \_\_\_\_ KS Dept of Revenue Lease No.: \_ 208237 Gas Gathering System:\_ Lease Name: CUNNINGHAM Saltwater Disposal Well - Permit No.: ... \_ NW. 36c. \_ 25 Two. \_ 34 R. \_ 37W | E XW \_\_ feet from | N / | S Line Legal Description of Lease-..... feet from 🔲 E / 🔲 W Line Enhanced Recovery Project Permit No.:\_ T034S - R037W: SEC 025 NW4, N2 SW4, S2 SW4, E2 Entire Project: Yes No Number of Injection Wells County: Stevens 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. II Drill PIL WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Bum ☐ Settling Haul-Off Workover OF Drilling Past Operator's License No. 5208 / Contact Person: LAURIE KILBRIDE RECEIVED Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 KANSAS CORPORATION COMMISSION P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: 05/31/2013 Title. RSO MANAGER/AGENT & ATTORNEY-IN-FACT Signature: \_\_Andrew D. Cale **CONSERVATION DIVISION** New Operator's License No. 32864 / **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: \_ 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES 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 #\_\_\_ has been 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 Permit No.: \_\_ \_\_\_\_\_. Recommended action: permitted by No.: \_\_\_ Date: Date: **Authorized Signature** Authorized Signature NOV 0 8 2013 DISTRICT -**PRODUCTION** Mail to: Past Operator\_ **New Operator** District

#### Side Two

Must Be Filed For All Wells

KDOR Lease No.:	208237	

* Lease Name:	API No. (YR DRLD/PRE '87)	* Location: 25 34 37% NV				
Well No.		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
		2790FSL	3960FEL	GAS	ACTIVE	
			FEL/FWL			
		FSL/FNL				
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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-		FSL/FNL	FEL/FWL	KAN	RECEIVED SAS CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEL/FWL .		CONSERVATION DIVISION WICHITA, KS	

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			
Address 2:				
City: HOUSTON State: TX Zip: 77210 + 4358				
Contact Person: ADAM SCOTT	the lease below:			
Phone: ( 713 431-1859 Fax: ( 713 431-1475	T034S - R037W: SEC 025 NW4, N2 SW4, S2 SW4, E2			
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			
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:				
Select one of the following:	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
CP-1 that I am filing 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). I KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wher(s). To mittage the additional cost of the KCC performing this			
task, I acknowledge that I am being charged a \$30.00 handling of choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	I fao with this form. If the fao is not reached with this form, the VOOLA			
hereby certify that the statements made herein are true and correct to				
64 64. J	-1200.4			
Date: 6/15/2013 Signature of Operator or Agent: The Michael	Title: Regional Land Manager			
API # :15189207630000 KDOR #208237	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#: 15189207630000		Lease Name: _	CUNNINGHAM		Well #: _2-5	
						_
Own	er Name: SHELTON, BA	RBARA				
	Address: 530 S WASHIN					
	City: HUGOTON	State:	KS <b>Zip:</b> 67	951-2645		
	er Name:					
	Address:					
	City:	State:	Zip:			
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JUN 1 8 2013

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