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: 7/1/2013 Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells 207398 KS Dept of Revenue Lease No.: Gas Gathering System:. Lease Name: DOLLIE SEYBOLD Saltwater Disposal Well - Permit No.: ____ NW Sec. 1 Twp. 31 _ feet from N / S Line Legal Description of Lease: leet from E/ W Line T031S - R036W: SEC 001 SW4, S2 NW4, S2 NE4, SE4 (NENE) Enhanced Recovery Project Permit No.: (NWNE) (NENW) (NWNW) Entire Project: Yes No Number of Injection Wells County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **COUNCIL GROVE** Production Zone(s):___ ** Sids Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: feet from N / S Line of Section (API No. II Drill Pit, WO or Haul) feet from E / W Line of Section Workover OR Drilling Type of Pit: - Bum ☐ Settling Haul-Off Emergency Past Operator's License No. _ 5208 **LAURIE KILBRIDE** Contact Person: RECEIVED KANSAS CORPORATION COMMISSION 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: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS 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: WGP-KHC LLC 05/31/2013 OKLAHOMA CITY, OK 73102 Date. Signature: <u>Douglas C. Schultre</u> Title: SR. OPERATIONS VICE PRESIDENT 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 Permit No.: Recommended action: _ permitted by No.: ___ Date: Authorized Signature Authorized Signature NOV 0 5 2013 DISTRICT _ **PRODUCTION** Mail to: Past Operator. **New Operator**

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

Must Be Filed For All Wells

KDOR Lease No.:	207398	<i>V</i>	
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* Lease Name:	DOLLIE SEYBOLD	* Location: 1 31 36W NW			1 f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
2	15189204060000	1422FNL	2064FWL	GAS	ACTIVE	
	· ·	 FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
			FEL/FWL		<u> </u>	
		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			
		FSUFNL	FEUFWL		•	
		FSL/FNL	FEL/FWL	4	**	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	4	FSL/FNL	FEL/FWL	KANSA	RECEIVED AS 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

^{*} 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.

Select the corresponding form being filed: C-1 (Intent)	CB-1 (Cathodic Protection Borehole Interti) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #5208	Well Location:
Name: EXXONMOBIL OIL CORPORATION	
Address 1: P. O. BOX 4368	
Address 2:	
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77210 ++ 4</u>	
Contact Person: ADAM SCOTT Phone: (713 431- 1850 Fax: (713 431-1475	
	(, (, (,
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	
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:	
City: State: Zip:+	
Select one of the following:	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 the subject well is o CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone numi I have not provided this information to the surface own KCC will be required to send this information to the s	Notice Act (House Bill 2032), I have provided the following to the surface of will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ber, fax, and email address. Therefore, I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this b handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 form and the associated Form C-1, Form CB-1, Form T-1, or I	handling fee with this form. If the fee is not received with this form, the KSONA-1 Form CP-1 will be returned.
I hereby certify that the statements made herein are true and	correct to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent:	M. Michael McNulty Title: Regional Land Manager
API # :15189204060000 KDOR	#207398 RECEIVED KANSAS CORPORATION COMMISSION

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

JUN 1 8 2013

Surface Owners

AP#: 15189204	4060000	Lease Name: _	DOLLIE SEY	BOLD
	SLEMP, CARL W	LIV TR TTEE		
Address:	PO BOX 683			
City: (ULYSSES	State:	KS Zip:	67880-0683
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name: Address:				
City:		State:	Zip:	
o.cy.		Julie.	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