KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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 Effective Date of Transfer: Gas Lease: No. of Gas Wells 208251 KS Dept of Revenue Lease No.: Gas Gathering System:. Lease Name: FARRAR Saltwater Disposal Well - Permit No.: - NE Sec. 20 Twp. 33 R. 38W | EXW _feetfrom N/ SLine Legal Description of Lease: _____ feet from E / W Line T033S - R038W: SEC 020 E2 SEC 021 N2 Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **COUNCIL GROVE** 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 M Burn Type of Pit: **Emergency** Settling Haul-Off Workover OR Drilling Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: _713-431-1182 RECEIVED P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: Andrew D. Cole CONSERVATION DIVISION New Operator's License No. __32864 _____ WICHITA, KS **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 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 duty 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.: ___ Authorized Signature Authorized Signature DISTRICT .

New Operator

Mail to: Past Operator_

Side Tex

Must Be Filed For All Wells

KDOR Lease			* Location: 20	0 33 38₩ <i>⁄</i> √ <i>E</i>	-
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
12	15189202420000	1250FNL	1145FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
			FEL/FWL		
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		FSL/FNL	FEUFWL		_
		FSL/FNL	FEL/FWL		
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			FEL/FWL		
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 		FSL/FNL	FEL/FWL	KAN	SAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		JUN 1-8-2013
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS

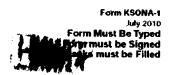
A separate sheet may be attached if necessary

_FSL/FNL _____FEL/FWL _

^{*} 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

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:			
	PORATION		Eas(X) West			
Address 1: P. O. BOX 4358						
Address 2:		Lease Name: <u>FA</u>	Lease Name: FARRAR Well #: 1-2			
City: HOUSTON State	e: <u>TX</u> Zip: <u>77210 +</u> + <u>4</u>	1358 If filing a Form To	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT		the lease below:				
Phone: (713 431 \859	Fax: (713 431-1475					
Email Address:adam.e.scott@e	xxonmobil.com					
Surface Owner Information:						
Name: See Attached		When filing a Fort	m T-1 involving multiple surface owners, attach an additional			
Address 1:		sheet listing all of owner information	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:	NAME OF THE PERSONNEL PROPERTY AND THE PERSONNEL PROPERTY OF THE PERSO		real estate property tax records of the county treasurer.			
City: Stat	e:+					
Select one of the following:						
owner(s) of the land upo CP-1 that I am filing in co	n which the subject well is o	or will be located: 1) a copy of the form being filed is a Form), I have provided the following to the surface the Form C-1, Form CB-1, Form T-1, or Form C-1 or Form CB-1, the plat(s) required by this			
KCC will be required to :	end this information to the s	surface owner(s). To mitigate I	cause I have not provided this information, the the additional cost of the KCC performing this KCC, which is enclosed with this form.			
lf choosing the second option, so form and the associated Form C	ibmit payment of the \$30.00 1, Form CB-1, Form T-1, or (handling fee with this form, I Form CP-1 will be returned.	f the fee is not received with this form, the KSONA-1			
hereby certify that the statemen	ts made herein are true and	correct to the best of my know	vledge and belief.			
Date: <u>6/15/2013</u> Signa	ture of Operator or Agent:	M. Michael McNulty	Tille: Regional Land Manager			
API # :15189202420000	KDOR	#208251	RECEIVED KANSAS CORPORATION COMMISSIO			

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

City:

API#: 151892	02420000	Lease Name:	FARRAR	
Address:	: WILLIS, WARREN : 814 S JACKSON : HUGOTON	N M & AMANDA R State:	KS Zip :	67951
Owner Name: Address: City:	:	State:	Zip:	
Owner Name: Address: City:		State:	Zip:	
Owner Name: Address: City:		State:	Zip:	
Owner Name: Address:				

State:

Zip:

Well #:-

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS