KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Typed
Form must be Signed
Form 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 KS Dept of Revenue Lease No.: Gas Gathering System:. Lease Name: GREENWOOD Saltwater Disposal Well - Permit No.: ... NW Sec. 11 Twp. 34 R. 38W FXW _____feet from N/ S Line Legal Description of Lease: __ feet from 🔲 E / 🔲 W Line T034S - R038W: SEC 011 NE4, NW4, SW4, SE4 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 of Haul) feet from E / W Line of Section Workover OR Drilling Haul-Off Type of Pit: Emergency Bum Settling RECEIVED Past Operator's License No. __5208 / **LAURIE KILBRIDE** 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 Data: CONSERVATION DIVISION **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: ____ Andrew D. Cole WICHITA KS New Operator's License No. 32864 / **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES 210 PARK AVENUE, SUITE 2350 05/31/2013 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze 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 ______ . Recommended action: permitted by No.: ___ Date: Authorized Signature Authorized Signature DISTRICT __ Mail to: Past Operator_ **New Operator**

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 208270			**************************************	fillery.				
Lease Name	: GREENWOOD		* Location: 11	1 34 38W NW	Salah M.			
Well No.	API No. (YR DRLD/PRE '67)	Footage Irom Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status N) (PROD/TA'D/Abandoned)			
12	15189202540000 🗸	3960FSL	3960FEL_	GAS	ACTIVE			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
***************************************	-	FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
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<u> </u>		FSL/FNL	FEL/FWL		JUN 1 8 2013			
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION			
		FSL/FNL	FEL/FWL		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

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 Lo	cation:
Name: EXXONMOBIL OIL CORPORATION		NW Sec. 11 Twp.34 S. R. 38 Eas X West
Address 1: P. O. BOX 4358	County	Stevens
Address 2:	Lease	Name: GREENWOOD Well #: 1-2
City: HOUSTON State: TX Zip:	77210 ++ 4358 If filing	a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT		se below: - R038W: SEC 011 NE4, NW4, SW4, SE4
Phone: { 713 431 1859 Fax: (713	431-1475	- RUJOW: SEC UTI NE4, NW4, SW4, SE4
Email Address: adam.e.scott@exxonmobil.com		
Surface Owner Information:		
Name: See Attached		iling a Form T-1 involving multiple surface owners, attach an additional
Address 1:		sting all of the information to the left for each surface owner. Surface 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: _	+	
Select one of the following:	·	C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the su	bject well is or will be located: 1) this form; 2) if the form being filed	Bill 2032), I have provided the following to the surface a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this ddress.
KCC will be required to send this inform	nation to the surface owner(s). To	e that, because I have not provided this information, the mitigate the additional cost of the KCC performing this lie to the KCC, which is enclosed with this form.
If choosing the second option, submit payment form and the associated Form C-1, Form CB-1.		is form. If the fee is not received with this form, the KSONA-1 turned.
I hereby certify that the statements made herein	n are true and correct to the best o	f my knowledge and belief.
Date: 6/15/2013 Signature of Operator	or Agent: M. Michael McNultq	Title; Regional Land Manager
API # :15189202540000	KDOR #208270	RECEIVED KANSAS CORPORATION COMMISSION

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

CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

Surface Owners

City:

API#:_	15189202540000	Lease Name:	GREE	ENWOO	D	 Well #:	12
Own	er Name: BROOKS (RICHARD MCCONKEY	& PAT	TY IOA	N		-
	Address: 5825 N HW		Ψ 1 A1	11304			
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	City: DUNCAN	State	ОК	Zip:	73533-5767		
	er Name:						
	Address:						
	City:	State:		Zip:	:		
Own	er Name:						
	Address:						
	City:	State	:	Zip:			
	er Name: Address:						
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	City:	State:		Zip:			
	er Name: Address:						
	400r 8 88:						

Zip:

State:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS