### 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: Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells 208441 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: HEGER Saltwater Disposal Well - Permit No.: \_\_\_ 26 Twp. 33 \_feetfrom \bigcap N / \bigcap S Line Legal Description of Lease: \_\_\_ feet from 🔲 E / 🔲 W Line T033S - R036W; SEC 026 SE4, NE4, NW4, SW4 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.: \_ \_ feet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover / P Drilling Past Operator's License No. 5208 / **LAURIE KILBRIDE** Contact Person: \_ RECEIVED Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 KANSAS CORPORATION COMMISSION 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 **BRENDA WALLER** New Operator's License No. 32864/ 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 Date: 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 Permit No.: \_\_\_\_\_\_ Recommended action: \_ permitted by No.: \_\_\_ Date: Authorized Signature Authorized Signature

**New Operator** 

DISTRICT -

Mail to: Past Operator\_

#### Side The

#### Must Be Filed For All Wells

* Lease Name: HEGER			Location:_26	*Location: 26 33 36W NV			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
23	15189207970000 🗸	3960FSL	3960FEL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL	-	RECEIVED		
		FSL/FNL	FEL/FWL	KAN	SAS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
		ECL (EN	CC1 /C14/8		CONSERVATION DIVISION		

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	Min Lagarion.
Name: EXXONMOBIL OIL CORPORATION	Well Location:
Address 1: P. O. BOX 4358	· · · · · · · · · · · · · · · · · · ·
Address 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	the lease below:
Phone: ( 713 431- 1859 Fax: ( 713 431-1475	T033S - R036W: SEC 026 SE4, NE4, NW4, SW4
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:	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:	
owner(s) of the land upon which the subject well	ner Notice Act (House Bill 2032), I have provided the following to the surface s or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this umber, fax, and email address.
KCC will be required to send this information to the	owner(s). I acknowledge that, because I have not provided this information, the e surface owner(s). To mitigate the additional cost of the KCC performing this .00 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30 form and the associated Form C-1, Form CB-1, Form T-1,	00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.
I hereby certify that the statements made herein are true a	nd correct to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent: _	M. Michael McNulty Regional Land Manager
API # :15189207970000 KG	OR #208441 RECEIVED KANSAS CORPORATION COMMISSION

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

JUN 1 8 2013

### **Surface Owners**

API#:	1518920	7970000	Lease Name: _	HEGER		Well #:2_3
Own	er Name:	WALKEMEYER	PROPERTIES LP,	R&L		
	Address:	1607 S EISENHO	OWER			
	City:	HUGOTON	State:	KS Zip:	67951-3067	
Owi	ner Name:					
	Address:					
	City:		State:	Ziţ	:	
	ner Name: Address:					
	City:		State:	Zip		
	er Name: Address:					
	City:		State:	Zip		
	er Name: Address:					
	City:		State:	Zip		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS