# 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: MUST be submi	itted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013  KS Dept of Revenue Lease No.: 208215  Lease Name: R BROWN
Surface Pit Permit No.:	leet from
Past Operator's License No	Contact Person: LAURIE KILBRIDE  Phone: 713-431-1182  Date: 05/31/2013  Signature: Andrew D. Cole KANSAS CORPORATION COMMISSION  Contact Person: BRENDA WALLER  CONSERVATION DIVISION WICHITA, KS
New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350  OKLAHOMA CITY, OK 73102  Title: SR. OPERATIONS VICE PRESIDENT	Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 05/31/2013  Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
, ,	PRODUCTION NOV 1 2 2013 UIC CONTROL District

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	R BROWN	* Location: 11 35 37WWW						
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)			
12	15189207040000 /	3960FSL	3960FEL	GAS	ACTIVE			
		FSL/FNL	FEL/FWL					
		F\$L/FNL	FEL/FWL		_			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL		<del>-</del>			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL		<del>.</del>			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
			FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSUFNL			**************************************			
		FSL/FNL	FEL/FWL					
	And the second s	FSL/FNL	FEL/FWL	. Мен и п. 479 до 15 Може в подавание и подавание и п. 479 до 15 може в раздения до 15 може в 15 може в 15 може	THE THE TOTAL PROPERTY OF A STATE STATE OF THE STATE OF T			
		FSL/FNL	FEU/FWL		RECEIVED			
				KANS	AS CORPORATION COMMISSION			
. , .		FSL/FNL	FEL/FWL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JUN 1 8 2013			
		FSL/FNL	FEL/FWL		- CO <del>nservation division</del> WICHITA, KS			
		FSL/FNL	FEL/FWL		<u> </u>			

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.

Select the corresponding form being file	ed: C-1 (Intent) CB-1 (Ceth	odic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 5208		Well Location:		
Name: EXXONMOBIL OIL CORPORATION	Militaria - control projection - control projection - control deliberation and control projection - control projec	NW Sec. 11 Twp.35 S. R. 37 Eas X West		
Address 1: P. O. BOX 4358		County: Stevens		
Address 2:		Lease Name: R BROWN 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	n film statement and the state of the popular popular popular popular statement of the stat	the lease below:		
Phone: ( 713 431- 1859 Fax: (	713 431-1475	T031S - R035W: SEC 024 All		
Email Address: adam.e.scott@exxonmobil	l.com			
Surface Owner Information:				
Name: See Attached	epinomina oli indee no primo. In <del>les illes repu</del> bblica <b>vit</b> e de provincia de l'ordina del colo	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: State:	Zip:+			
owner(s) of the land upon which to CP-1 that I am filing in connection form; and 3) my operator name, ac  I have not provided this information KCC will be required to send this	the subject well is or will be local with this form; 2) if the form bein diress, phone number, fax, and on to the surface owner(s). I acknown information to the surface owner	owledge that, because I have not provided this information, the (s). To mitigate the additional cost of the KCC performing this		
_	ment of the \$30.00 handling fee	, payable to the KCC, which is enclosed with this form.  with this form. If the fee is not received with this form, the KSONA-1  iff be returned.		
I hereby certify that the statements made i				
Date: 6/15/2013 Signature of Ope	erator or Agent:	CONUTY Tille: Regional Land Manager		
API # :15189207040000	KDOR #208215	RECEIVED KANSAS CORPORATION COMMISSION		

JUN 1 8 2013

#### **Surface Owners**

API#:	15189207	040000	Lease Name: _	R BROW	N		Well #:1-2
Own	er Name: S	ULLIVAN, ROBII	N				
	Address: 7	00 S VAN BURE	N				
	City: H	UGOTON	State:	KS Z	ip:	67951-2204	
	er Name:						
	Address:						
	City:		State:	:	Zip:		
	er Name: Address:						
,	Address:						
	City:		State:	Z	ip:		
Owne	er Name:						
•	Address:						
	City:		State:	z	ip:		
	er Name: Address:						
	City:		State:	Z	ip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS