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: ##057 be subm	nitted with this form.
Check Applicable Boxes: Oil Lease: No. of Oil Wells X Gas Lease: No. of Gas Wells Gas Gathering System: Saftwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Entire Project: Yes No Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 203790 Lease Name: SESSLER
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from N / S Line of Section leet from E / W Line of Section Haul-Off Workover D Drilling
Past Operator's License No5208 / Past Operator's Name & Address: _EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: _RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Contact Person:LAURIE KILBRIDE Phone:713-431-1182 Date:95/31/2013 Signature:Andrew D. Cole
New Operator's License No	Contact Person: BRENDA WALLER Phone: 405-319-3259
	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.:
Date:	PRODUCTION NOV 0 7 2013 UIC 1 7 1 3 District

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

Side Two

Must Be Filed For All Wells

KDOR Lease				مريود	
* Lease Name:	SESSLER		* Location: 21	1 32 351W SE	
Well No.	API No. (YR DRLD/PRE '67)	Footage Iron (i.e. FSL = Feet	n Section Line from South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
A1	15189000970000	22-40 23-40FSL	2325 G PS C	gas Dist/.	ACTIVE
		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		
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		JUN 1 8 2013

A separate sheet may be attached if necessary

_____FSL/FNL ____

___ FEL/FWL .

RECEIVED

^{*} 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	Well Location:	
Name: EXXONMOBIL OIL CORPORATION	•	<u>- SE</u> Sec. 21 Twp.32 S. R. 35 ■Eas X West
Address 1: P. O. BOX 4358		
Address 2:	Lease Name: 3	SESSLER Well #; A1
City: HOUSTON State: TX	Zip: 77210 + 4358 It filing a Form	T.1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease below	W:
Phone: (713 431- \ 859 Fax:	(<u>713</u> 431-1475	W: SEC 021 NW4, SW4, SE4, NE4
Email Address: adam.e.scott@exxonmol	bil.com	
Surface Owner Information:		
Name: See Attached		orm T-1 involving multiple surface owners, attach an additional
Address 1:		of the information to the left for each surface owner. Surface ion can be found in the records of the register of deeds for the
Address 2:		he real estate property tax records of the county treasurer.
City: State:	_ Zip:+	
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a	the subject well is or will be located: 1) a copy n with this form; 2) if the form being filed is a For address, phone number, fax, and email address. on to the surface owner(s). I acknowledge that,	because I have not provided this information, the te the additional cost of the KCC performing this
	yment of the \$30.00 handling fee with this form CB-1, Form T-1, or Form CP-1 will be returned.	. If the fee is not received with this form, the KSONA-1
I hereby certify that the statements made	herein are true and correct to the best of my kn	owledge and belief.
Date: 6/15/2013 Signature of O	perator or Agent:	Title: Regional Land Manager
API # :15189000970000	KDOR #203790	KCC WICHITA

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

JUN 1 8 2013

RECEIVED

Surface Owners

AP#:	15189000970000	Lease Name: _	SESSLEI	R		Well :	#: <u>A1</u>	
Owner Name: SESSLER, KENNETH E & VERNA GENE								
	Address: 4451 189TH PL	SE					ų.	
	City: ISSAQUAH	State:	WA z	Zip:	98027-9710			
	ner Name:							
	Address:							
	City:	State:		Zip:				
	er Name:							
	Address:							
	City:	State:	Z	Zip:				
	er Name: Address:							
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	City:	State:	Z	Zip:				
	er Name: Address:							
	City:	State:	7	Tin:				
	ony.	Jule.	2	Zip:				

KCC WICHITA
JUN 18 2013
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