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 Kaneas Surface Owner Notification Act,

Check Applicable Boxes:			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013		
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 208341		
Gas Gathering System:	Lease Name: SHAFER		
Saftwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: T033S - R038W: SEC 005 W2 SEC 006 E2		
Enhanced Recovery Project Permit No.:	10335 - R036W: SEC 005 W2 SEC 006 E2		
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens Production Zone(s): COUNCIL GROVE		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed	Injection Zone(s):		
Surface Pit Permit No.:	leet from N / S Line of Section		
(API No. II Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y</i> -		
Past Operator's License No	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013		
Title: _RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Audrew D. Cole		
New Operator's License No. 32864	Contact Person: BRENDA WALLER		
	40E 240 22E0		
New Operator's Name & Address: XTO ENERGY INC.	Phone:		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES RECEIVED KANSAS CORPORATION COMMISSIO		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze JUN 1 8 2013		
	CONSERVATION DIVISION		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
is acknowledged as	is acknowledged as		
the new operator and may continue to inject Iluids as authorized by	the new operator of the above named lease containing the surface pit		
•	permitted by No.:		
Permit No.: Recommended action:	politicad by No.		
	Date:		
Date:	Authorized Signature		
11113	PRODUCTION NOV 0 4 2013 UIC 11-4-15		
Mail to: Past Operator New Operator			

Mail to: KCC - Conservation Division, 130 S. Market - Room 2076, Wichita, Kansas 67202

Side Two

Must Be Filed For All Wells

*Lease Name: SHAFER *Location: 5 33 38W: ルレ					
Well No.	API No. (YR DRLD/PRE '67)	API No. Footage from Section Line DRLD/PRE '67) (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
13	15189201260000/	3960FSL	3960FEL	GAS	TA'd
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		-
. <u>-</u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	_	FSL/FNL	FEL/FWL		4
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	_	FSL/FNL	FEL/FWL	KANSA	RECEIVED S CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		- J UN 1 8 2013
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		MINITIO VO

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

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 CORPORATI	ON	Sec. 5 Twp.33 S. R. 38 EastX West		
Address 1: P. O. BOX 4368	County: Stevens			
Address 2:	Lease Name: SH	AFER Well #: 1-3		
City: HOUSTON State: TX		for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT		the lease below: T033S - R038W: SEC 005 W2 SEC 006 E2		
Phone: (713 431 1850 Fax	: (
Email Address: adam.e.scott@exxonmo	<u>pbil.com</u>			
Surface Owner Information:				
Name: See Attached	See Attached When filling a Form T-1 involving multiple surface owners, attach an			
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:	++			
Select one of the following:	The locations way be entered at this talk of the party.	Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which CP-1 that I am filing in connection	ansas Surface Owner Notice Act (House Bill 2032) In the subject well is or will be located: 1) a copy of on with this form: 2) if the form being filed is a Form address, phone number, fax, and email address.	the Form C-1, Form CB-1, Form T-1, or Form		
KCC will be required to send the	tion to the surface owner(s). I acknowledge that, be is information to the surface owner(s). To mitigate t aing charged a \$30.00 handling fee, payable to the I	the additional cost of the KCC performing this		
	ayment of the \$30.00 handling fee with this form. In m CB-1, Form T-1, or Form CP-1 will be returned.	f the fee is not received with this form, the KSONA-1		
I hereby certify that the statements mad	e herein are true and correct to the best of my know	vledge and belief.		
Date: 6/15/2013 Signature of 0	Operator or Agent:	Title: Regional Land Manager		
API # :15189201260000	KDOR #208341	RECEIVED KANSAS CORPORATION COMMISSION		

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#: 15189201260000 Lease Name: SHAFER Well #: 1--3 Owner Name: JKK TR Address: Attn: FELL, JUDY PO BOX 506 City: HOLLY State: CO **Zip:** 81047 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address:

State:

Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS