KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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

Check Applicable Boxes: MUST be submi	with the Kansas Surface Owner Notificetion Act. Itlad with this form.
Oil Lease: No. of Oil Wells **	Effective Date of Transfer: 7/1/2013
X Gas Lease: No. of Gas Wells	
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	Lease Name: WAGNER
Spot Location:feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T033S - R038W: SEC 016 S2 SEC 017 E2
Entire Project: Yes No	
Number of Injection Wells **	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE
	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. II Drill Pil, WO or Haul)	
Type of Pit: Emergency Burn Settling	Haul-Off Workover of Drilling
	KECEVED
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE KANSAS CORPORATION COMMISSION
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 II IN 1 9 2013
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole WICHITA, KS
	Signature:
••••	
New Operator's License No. 32864	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone:405-319-3259
210 PARK AVENUE, SUITE 2380	Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
	Signature: Vonctors C. Schatte
Acknowledgment of Transfers The shows request for transfer of injection	
Acknowledgment of Transfer: The above request for transfer of injection a	commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	
The state of the s	DOVE INJECTION WER(S) OF PAT 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:	Date:
11/1/13	RODUCTION NOV 0 4 2013 UIC 11-4-12
DISTRICT EPR///3 p Mail to: Past Operator New Operator	

Must Be Filed For All Wells

.ease Name:	WAGNER		Location: 1	7 33 38W NE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Section Line rom South Line)	Type of Well (Oll/Gee/INJ/WSW)	Well Status (PROD/TA'D/Abandons
1–2	15189202300000 /	1250FNL	1250FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		***************************************
		F9L/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEU/FWIL		
		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		RECEIVED
		FSL/FNL	FEL/FWL	KANSAS CO	RECEIVED COMMISSION
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL	<u> </u>	UN 1 8 2013
		FSL/FNL	FEL/FWL		ISERVATION DIVISION WICHTA, KS

A separate sheet may be attached if necessary

FEL/FWL

___FSL/FNL ___

^{*} 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 # 5206	
Name: EXXONMOBIL OIL CORPORATION	Well Location:
Address 1: P. O. BOX 4368	
Address 2:	1000
City: HOUSTON State: TX Contact Person: ADAM SCOTT	Zip:
Phone: (713 431- 1859 Fax:	
Fax: Email Address: <u>adam.e.acott@exxonmo</u>	
Surface Owner Information: Name: See Attached	
Address 1:	owner information can be found in the records of the register at deeds for the
Address 2: State:	•
ue premiima y mui-unany esanaes. 1	The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following:	
I certify that, pursuant to the Karowner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a	insas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this address, phone number, fax, and email address. On to the surface owner(s). I acknowledge that, because I have not provided this information, the sinformation to the surface owner(s). To mitigate the additional cost of the KCC performing this
I certify that, pursuant to the Karowner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, and I have not provided this information KCC will be required to send this task, I acknowledge that I am being the second option, submit particles.	on to the surface owner(s). I acknowledge that, because I have not provided this information, the
I certify that, pursuant to the Karowner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, at I have not provided this information KCC will be required to send this task, I acknowledge that I am being the condition of the associated form C-1, Formation and the associated form C-1, Formation of the second option, submit pagerm and the associated form C-1, Formation of the second option optio	on the subject Well is or Will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form on with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this address, phone number, fax, and email address. On to the surface owner(s). I acknowledge that, because I have not provided this information, the is information to the surface owner(s). To mitigate the additional cost of the KCC performing this ing charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. By ment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 in CB-1, Form T-1, or Form CP-1 will be returned.
I certify that, pursuant to the Karowner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a I have not provided this informatic KCC will be required to send this task, I acknowledge that I am being the second option, submit paperm and the associated Form C-1, Formatic pages.	in the subject Well is of Will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form on with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this address, phone number, fax, and email address. In the surface owner(s). I acknowledge that, because I have not provided this information, the is information to the surface owner(s). To mitigate the additional cost of the KCC performing this ing charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. In the surface owner(s). I acknowledge that, because I have not provided this information, the information to the surface owner(s). To mitigate the additional cost of the KCC performing this ing charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 or CB-1, Form T-1, or Form CP-1 will be returned.

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

City:

AP#: 15189202300000 Lease Name: WAGNER Owner Name: POWELL, JEAN A ETAL Address: 502 N 11TH ST City: GARDEN CITY State: KS Zip: 67846-5214 Owner Name: Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address:

State:

Zip:

· MARK

Well #: __1_2

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS