070113_Mosbarger.pdf

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:	1		
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.: 202781		
Gas Gathering System:	Lease Name: MOSBARGER		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
teet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T028S - R033W: SEC 007 All		
Entire Project: Yes No			
Number of Injection Wells **	County: Haskell		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	teet from N / S Line of Section teet from E / W Line of Section Haul-Off Workover P Drilling		
Past Operator's License No	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KCC WICHITA		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole		
	RECEIVED		
New Operator's License No	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title:SR. OPERATIONS VICE PRESIDENT	Signature: Douglas Q. 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	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:		
Authorized Signature / /	Authorized Signature		
DISTRICT EPR	PRODUCTION 7.3.13 UIC 7-3-13		
Mail to: Past Operator New Opera	ator District		

Side Two

Must Be Filed For All Wells

KDOR Lease	ANO: 202781	must be	rjied for Ali Wells			
* Lease Name	MOSDAROED	• Location: 7 28 33₩₹₩				
Well No.	API No. (YR DRLD/PRE 67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned) ACTIVE	
81	15081002120002	2333FNL 2372FWL		GAS		
		FSL/FNL	FEL/FWL			
	<u> </u>	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	Access to the second se		
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		FSL/FNL	FEL/FWL		- KCC WICHITA	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEL/FWL		RECEIVED	

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	1:
	ON	NW Sec.7 Twp.28 S. R.33 Eas X West
Address 1: P. O. BOX 4358		
Address 2:	Lease Name	MOSBARGER Well #: B1
City: HOUSTON State: TX		m 7-1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease be	low: 3W: SEC 007 All
Phone: (713 431- 1859 Fax	:: (<u>713 431-1475</u>	OF OF ALL
Email Address: adam.e.scott@exxonme	obil.com	
Surface Owner Information:		
Name: See Attached	When filing a	Form T-1 involving multiple surface owners, attach an additional
Address 1:	owner inform	all of the information to the left for each surface owner. Surface ation can be found in the records of the register of deeds for the
Address 2:		n the real estate property tax records of the county treasurer.
City: State:	Zip:+	
Select one of the following:		plat, Form CB-1 plat, or a separate plat may be submitted. 2032), I have provided the following to the surface
owner(s) of the land upon whice CP-1 that I am filing in connecti	h the subject well is or will be located: 1) a cor	by of the Form C-1, Form CB-1, Form T-1, or Form Form C-1 or Form CB-1, the plat(s) required by this
KCC will be required to send the	tion to the surface owner(s). I acknowledge that his information to the surface owner(s). To miti- eing charged a \$30.00 handling fee, payable to	it, because I have not provided this information, the gate the additional cost of the KCC performing this the KCC, which is enclosed with this form.
If choosing the second option, submit part and the associated Form C-1, For	payment of the \$30.00 handling fee with this form CB-1, Form T-1, or Form CP-1 will be returned	rm. If the fee is not received with this form, the KSONA-1 ed.
I hereby certify that the statements made	de herein are true and correct to the best of my	knowledge and belief.
Date: 6/15/2013 Signature of	Operator or Agent:	Tale: Regional Land Manager
API#:15081002120002	KDOR #202781	KCC WICHITA

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

JUN 1 8 2013

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Surface Owners

API#:	15081002120002	Lease Name: _	MOSBARGE	R	Well #: _E	31
Owr	ner Name: CHURCH OF C	HRIST				
	Address: P O BOX 241					
	City: ST JOHN	State:	KS Zip:	67576		
Ow	ner Name: Address:					
	City:	State:	Zip	:		
Owi	ner Name: Address:					
	City:	State:	Zip:			
Owr	ner Name: Address:					
	City:	State:	Zip:			
Owr	ner Name: Address:					
	City:	State:	Zip:			

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