## 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,

Check Applicable Boxes:	1 7/4/0049		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013		
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 201686		
Gas Gathering System:	Lease Name: MYRTLE HALL		
Saltwater Disposal Well - Permit No.:	SW Sec. 34 Twp. 28 R. 32W [ E X]W		
Spot Location: feet from N / S Line	Legal Description of Lease:		
teet from E / W Line	T028S - R032W: SEC 034 NE4, NW4, S2 From 0 feet to 3,400		
Enhanced Recovery Project Permit No.:	feet		
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: Fmergancy Burn Settling	Haul-Off Workover OP Drilling		
Type of Pit: Emergency Burn Settling			
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: Andrew D. Cole KCC WICHI		
32864	Contact Parson: BRENDA WALLER		
New Operator's License No. 32864	RECEIVED		
New Operator's Name & Address: XTO ENERGY INC.	Phone:		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: REGENCY MIDCON GAS SERVICES		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>		
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit #has been		
	n Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
is asknowledged se	is acknowledged as		
is acknowledged as	the new operator of the above named lease containing the surface pit		
the new operator and may continue to inject fluids as authorized by			
Permit No.: Recommended action:	permitted by No.:		
Pate	Date:		
Date:	Authorized Signature		
DISTRICT EPR	PRODUCTION 7.3.13 UIC 7-3-13		
Mail to: Past Operator New Operator	<b>=</b> 1.1.		

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

#### Side Two

Must Be Filed For All Wells

		<b>V</b>	
KDOR Lease No.: _	201686		 

* Lease Name:	MYRTLE HALL	* Location: 34 28 32WSW			
Well No. (YR DRLD/PRE '67)  1 15081002000000 /	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
	15081002000000 /	1320FSL	3960FEL	GAS	ACTIVE
	***************************************	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	<u> </u>	
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	1300	FSL/FNL			KCC WICHITA
		FSL/FNU			JUN 1 8 2013
The second secon					RECEIVED
		FSL/FNI	FEL/FWL		

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.

OPERATOR: License # 5208	Well Location:			
Name: EXXONMOBIL OIL CORPORATI	ON	_SW Sec.34 Twp.28 S. R.32 Eas X West		
Address 1: P. O. BOX 4358	County: Haske	ell .		
Address 2:	Lease Name:	MYRTLE HALL Well #: 1		
City: HOUSTON State: TX	Zip: 77210 ++ 4358 If filing a Form	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T028S - R032W: SEC 034 NE4, NW4, S2 From 0 feet to 3,400		
Contact Person: ADAM SCOTT				
Phone: ( 713 431-1859 Fax	713 431-1475 feet	W: 3EC 034 RE4, RW4, 32 FIOHI 0 1661 to 3,400		
Email Address: adam.e.scott@exxonmo	bli.com			
Surface Owner Information:				
Name: See Attached	When filing a F	orm T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all owner informat	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:		the 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.  I have not provided this information of the land the land to send the land upon which is the land upon upon which is the land upo	n the subject well is or will be located: 1) a copy on with this form; 2) if the form being filed is a Fo address, phone number, fax, and email address ion to the surface owner(s). I acknowledge that.	because I have not provided this information, the the additional cost of the KCC performing this		
	ayment of the \$30.00 handling fee with this forn n CB-1, Form T-1, or Form CP-1 will be returned	n. If 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 ki	nowledge and belief.		
Date: 6/15/2013 Signature of C	Operator or Agent: M. Michael McNulty	Title: Regional Land Manager		

KDOR #201686

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

KCC WICH!TA

JUN 18 2013

RECEIVED

## **Surface Owners**

API#: 15081002000000	Lease Name:	MYRTLE HALL	Well #:1
Owner Name: BAKER, MARY	/ GAIL		
Address: PO BOX 114			
City: SUBLETTE	State:	KS <b>Zip:</b> 67877	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
	<b></b>		
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

JUN 18 2013
RECEIVED