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: 7/1/2013 Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells _ 221028 KS Dept of Revenue Lease No.: _ Gas Gathering System: Lease Name: BECKER Saltwater Disposal Well - Permit No.: - ____ NW Sec. 2 Twp. 30 R. 33W EXW __ feet from N / N S Line Legal Description of Lease: __ feet from 🔲 E / 🔲 W Line T030S - R033W: SEC 002 SE4, N2, SW4 Enhanced Recovery Project Permit No.: ____ Entire Project: Yes No Number of Injection Wells. County: Haskell Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):_ ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: __ leet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section [Emergency Type of Pit: Bum Haul-Off Settling Past Operator's License No. 5208 **LAURIE KILBRIDE** Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: Andrew D. Cole **BRENDA WALLER** New Operator's License No. -Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES KCC WICHITA 05/31/2013 **OKLAHOMA CITY, OK 73102** Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #..... noted, approved and duty recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. _ 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 _____ . Recommended action: permitted by No.: ___ **Authorized Signature**

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

New Operator

DISTRICT -

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

Lease Name:	BECKER	* Location: 2 30 33WN W				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandone	
		1250FNL	1250F W L	GAS	ACTIVE	
		FSL/FNL				
			FEL/FWL		***************************************	
			FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSUFNL	FEL/FWL		-	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		<u> </u>	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		KCC WICHITA	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSUFNL	FEL/FWL		RECEIVED	

^{&#}x27;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	ONN	W ∃ec. 2 Twp.30 S. R. 33 Eas X West			
Address 1: P. O. BOX 4358	County: Haskell				
Address 2:	Lease Name: BECK	KER Well #: 23			
City: HOUSTON State: TX	,	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below: T030S - R033W: SEC 002 SE4, N2, SW4			
	TARAK BARANIA				
Phone: { 713 431-1859 Fax	4 713 431-1475 1030S - R033W: SE				
Email Address: <u>adam.e.scott@exxonmo</u>	bil.com				
Surface Owner Information:					
Name: See Attached	When filing a Form 1	When filing a Form 1-1 involving multiple surface owners, attach an additional			
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:		al estate property tax records of the county freasurer.			
City: State:	Zip:+				
Select one of the following:	The locations may be entered on the Form C-1 plat, Fo Insas Surface Owner Notice Act (House Bill 2032), I				
owner(s) of the land upon which CP-1 that I am filing in connection	the subject well is or will be located: 1) a copy of the mouth this form; 2) if the form being filed is a Form C address, phone number, fax, and email address.	ie Form C-1, Form CB-1, Form T-1, or Form			
KCC will be required to send thi	on to the surface owner(s). I acknowledge that, beca s information to the surface owner(s). To mitigate the ing charged a \$30.00 handling fee, payable to the KC	e additional cost of the KCC performing this			
	nyment of the \$30.00 handling fee with this form. If the CB-1, Form T-1, or Form CP-1 will be returned.	he fee is not received with this form, the KSONA-1			
I hereby certify that the statements made	e herein are true and correct to the best of my knowle	edge and belief			
Date: 6/15/2013 Signature of C	perator or Agent:	Tille: Regional Land Manager			
API # :15081210130000	KDOR #221028	KCC WICHIT			

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

RECEIVED

JUN 18 2013

Surface Owners

API#:_	15081210130000	Lease Name: _	BECKER		 Well #: <u>23</u>	
Own	er Name: TRIBBEY, JASON	N M TRIBBEY. TH	AD H			
	Address: 9711 W 131ST T					
	City: OVERLAND PAR	K State:	KS Ziı	o: 66213		
Own	er Name:					
	Address:					
	City:	State:	z	ip:		
Own	er Name:					
	Address:					
	City:	State:	Zi) :		
	er Name:					
	Address:					
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Owne	er Name:					
	Address:					
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KCC WICHITA
JUN 18 2013
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