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:	MUST be submitted with this form.
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.: 219336
Gas Gathering System:	Lease Name: CLARK
Saltwater Disposal Well - Permit No.:	SW Sec. 20 Twp. 28 R. 34W EXW
Spot Location: feet from N / _	
feet from E /	TAGO BOARN OF CARA NEW AND COME TO A
Enhanced Recovery Project Permit No.:	T028S - R034W: SEC 020 NW4, NE4, SW4, E2 SE4, E2 W2 SE4, W2 W2 SE4
Entire Project: Yes No	
Number of Injection Wells **	County: Haskell
Field Name: COMBINED HUGOTON PANOMA COUNCIL GR	OVE Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section
,	leet from E / W Line of Section
Type of Pit: Emergency Burn Se	ettling Haul-Off Workover Of Drilling
Past Operator's License No5208 J	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORA	ATION 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
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 JUN 1 8 2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u> RECEIVED
Acknowledgment of Transfer: The above request for trans- noted, approved and duly recorded in the records of the Kansa Commission records only and does not convey any ownership	as Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
is ackn	owledged as is acknowledged as
the new operator and may continue to inject fluids as at	uthorized by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Date:	
	Authorized Signature
DISTRICT EPR 7///	//3 PRODUCTION 7. 22. 13 UIC 7-22-13
Mail to: Past Operator	New Operator District

Must Re Filed For All Wells

Lease Name:	CLARK		* Location: _20	D 28 34WSW	
		de abbach de spengerage en la constitución de se	Cocalion;		
Well No.	API No. (YR DRLD/PRE '57)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2		1320FSL	1320FWL	GAS	ACTIVE
		FSL/FNL	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		
		FSL/FNL	FEL/FWL		
744.		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	the state of the s	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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and the state of t	#20000010000000000000000000000000000000	FSL/FNL	FELFWL		4 Transidiosistamentes interessistentiales communicates especialistas en executivos.
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHIT
		FSL/FNL	FEL/FWL	***************************************	JUN 18 2013

A separate sheet may be attached if necessary

__FSL/FNL ______FEL/FWL _

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^{*} 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.

Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358 Address 2: City: HOUSTON State: TX Zip: 77210 + 4358 Contact Person: ADAM SCOTT Phone: { 713 431 - 259 Fax: { 713 431-1475 Email Address: adam.e.scott@exxonmobil.com Surface Owner Information: Name: See Attached	Well Location: SW Sec. 20 Twp.28 S. R. 34 Eas X West County: Haskell Lease Name: CLARK Well #: 2 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T028S - R034W: SEC 020 NW4, NE4, SW4, E2 SE4, E2 W2 SE4, W2 W2 SE4		
Address 1: P. O. BOX 4358 Address 2: City: HOUSTON State: TX Zip: 77210 ++ 4358 Contact Person: ADAM SCOTT Phone: { 713 431 - 259 Fax: { 713 431 - 1475 Fax: { 713 431 - 1475 Fax: { 713 431 - 1475 Fax: { 714 4358 Fax: { 715 715 715 Fax: { 715 715 715 Fax: { 715	County: <u>Haskell</u> Lease Name: <u>CLARK</u> If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T028S - R034W: SEC 020 NW4, NE4, SW4, E2 SE4, E2 W2		
Address 2: City: HOUSTON State: TX Zip: 77210 ++ 4358 Contact Person: ADAM SCOTT Phone: { 713 431 - 259 Fax: { 713 431-1475 Fax: { 713 431-1475 Fax: { 714 4358 Fax: { 715 431-1475 Fax: { 716 431-1475 Fax: { 717 431-1475 Fax: { 718 431-	Lease Name: CLARK ##: 2 ## filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T028S - R034W: SEC 020 NW4, NE4, SW4, E2 SE4, E2 W2		
City: HOUSTON State: TX Zip: 77210 ++ 4358 Contact Person: ADAM SCOTT Phone: { 713 431-1475 Fax: { 713 431-1475 Email Address: adam.e.scott@exxonmobil.com Surface Owner Information:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T028S - R034W: SEC 020 NW4, NE4, SW4, E2 SE4, E2 W2		
Phone: { 713 431-1859 Fax: { 713 431-1475 Fax:	T028S - R034W: SEC 020 NW4, NE4, SW4, E2 SE4, E2 W2		
Email Address: adam.e.scott@exxonmobil.com Surface Owner Information:	T028S - R034W: SEC 020 NW4, NE4, SW4, E2 SE4, E2 W2 SE4, W2 W2 SE4		
Surface Owner Information:			
Name: See Attached			
THE PART OF THE PA	When Black is Forces I I impossing an drive		
Address 1:	When filing a Form 1-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.		
Address 2:			
City: State: Zip:+	, and the county in custact.		
Select one of the following:	n voluenes, pipelines, and electrical lines. The locations shown on the plat In the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
form; and 3) my operator name, address, phone number, fax, ar	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form leing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.		
	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
таък, г асклоwiedge that I am being charged a \$30.00 handling			
choosing the second option, submit payment of the \$30.00 handling	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
task, I acknowledge that I am being charged a \$30.00 handling of choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 hereby certify that the statements made herein are true and correct to the second corre	wiii be returnea.		

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

KCC WICHITA
JUN 18 2013

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Surface Owners

API#:_	15081208140001	Lease Name: _	CLARK		Well #: _2				
					<u>.</u>				
Owner Name: JONES, MARCEIL J									
4	Address: 1051 ROAD CC								
	City: SATANTA	State:	KS Zip:	67870					
Own	er Name:								
1	Address:								
	City:	State:	Zip:	:					
	er Name: address;								
	City:	State:	Zip:						
	· Name:								
A	ddress:								
	City:	State:	Zip:						
Owner Ad	Name: Idress:								
	City:	State:	Zip:						

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JUN 18 2013
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