KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 Merch 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:	180 WAN INIS 107M. 1			
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.: 220140			
Gas Gathering System:	Lease Name: J B DUGGINS			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T027S - R033W: SEC 005 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.:	leet from N / S Line of Section			
(API No. If Drill Pit, WO or Haul)				
Type of Pit: Emergency Burn Settling	Haul-Off Workover OL Drilling			
Type of Pit: Emergency Burn Settling	THRUI-OIL THOIRDS OF DIMING			
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	Cara-			
Title: KSO MANAGERAGENT & ATTORNET-IN-PACT	Signature: Andrew D. Cole			
New Operator's License No. 32864	Contact Person: BRENDA WALLER			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 KCC WICHI			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC			
OKLAHOMA CITY, OK 73102	JUN 1 8 2013 Date: 05/31/2013			
discription of the state of the	DECENTED			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas Q. Schultze RECEIVEL			
A discount of Theorem The above as well to be be a like a	authorization audono sit pounit (f			
Acknowledgment of Transfer: The above request for transfer of injection				
	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	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.:			
· Housemand detail				
Date	Date:			
Date: Authorized Signature /	Authorized Signature			
	PRODUCTION 7.24.13 UIC 7-24-13			
Mail to: Past Operator New Operator	•			

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

Side Time

Must Be Filed For All Wells

Lease Name	9: J B DUGGINS		* Location: 5 27 33WSW					
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)			
3 INF	15081208660001 🗸	1250FSL	1250FWL	GAS	ACTIVE			
•		FSL/FNL	FEL/FWL					
			FEUFWL					
		FSL/FNL	FEL/FWL					
4.0		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL	- Address				
**		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
	_	FSL/FNL	FEL/FWL					
	_	FSUFNL	FEL/FWL					
		FSLÆNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
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		FSL/FNL						
		FSL/FNL	FEL/FWL		KCC WICHITA			
		FSL/FNL	FEL/FWL		JUN 1 8 2013			
		FSUFNL	FEL/FWL		RECEIVED			
		FSL/FNL	FEL/FWL					

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.

5208	Mod Leasting
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION	Well Location: SW_Sec.5Twp.27SR.33Eas(X)West
Name: EXXONMOBIL OIL CORPORATION Aridress 1: P. O. BOX 4358	
Address 2:	•
City: HOUSTON State: TX Zip: 77210 ++ 4	
Contact Person: ADAM SCOTT	the lease below:
Phone: (713 431-1859 Fax: (713 431-1475	T027S - R033W: SEC 005 All
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	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 corner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City:+	
owner(s) of the land upon which the subject well is of CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone num I have not provided this information to the surface ow KCC will be required to send this information to the stask, I acknowledge that I am being charged a \$30.00	mer(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this 0 handling fee, payable to the KCC, which is enclosed with this form. O handling fee with this form. If the fee is not received with this form, the KSONA-1
is in the associated form of fire and ob-1, full fire, of	
	correct to the best of my knowledge and belief
I hereby certify that the statements made herein are true and	correct to the best of my knowledge and belief W. Mickael McNulty Title: Regional Land Manager
I hereby certify that the statements made herein are true and Date: 6/15/2013 Signature of Operator or Agent:	M. Michael M. Multu Pagional Land Manager
I hereby certify that the statements made herein are true and Date: 6/15/2013 Signature of Operator or Agent:	M. Michael McNulty Tille: Regional Land Manager KCC WICHIT
Thereby certify that the statements made herein are true and the statements made herein are true and the statements are true and statements are true are	M. Michael McNulty Tille: Regional Land Manager KCC WICHI

Surface Owners

API#:	1508120	8660001	Lease Name: _	J B DU	JGGIN	3		Well #: _	3 INF
Owr	Owner Name: ALEXANDER, ELDON A								
	Address:	13990 S SANDHIL	L ROAD						
	City:	GARDEN CITY	State:	KS	Zip:	67846			
Owi	ner Name: Address:								
	City:		State:		Zip:				
	ner Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				

KCC WICHITA
JUN 18 2013
RECEIVED