KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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March 2010

Form must be Typed

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kaneae Surface Owner Notification Act,
MUST be automitted with this form

Check Applicable Boxes: MUST be subm.	itted 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.: 228076		
Gas Gathering System:	Lease Name: JONES H		
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.:	T032S - R036W: SEC 024 N2, SW4, SE4		
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s):COUNCIL GROVE		
** 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 D Drilling		
Past Operator's License No	Contact Person: LAURIE KILBRIDE RECEIVED		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KANSAS CORPORATION COMMISSION		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013		
Title: _ RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole		
	CONSERVATION DIVISION WICHITA KS		
New Operator's License No. 32864	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350	Priorie;		
	Oil / Gas Purchaser: ONEOK FIELD 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	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the	•		
is acknowledged as	is actromadadad as		
the new operator and may continue to inject fluids as authorized by	the new exercise of the above neveral lease contains the surface of		
	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date		
Date:	Date:		
DISTRICT EPR 7/26/13	PRODUCTION 7-29-13 UIC 7-29-13		
Mail to: Past Operator New Operato			

Side Tea

Must Be Filed For All Wells



KDOR Lease No.: 228076					
* Lease Name	9: JONES H				
Well No.	API No. (YR DRLD/PRE '67)	Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
H324		1250FSL	1250FEL	GAS	ACTIVE
		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		_
	_	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	_	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	1,	
		FSL/FNL	FEU/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEUFWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	Property and the State of the S	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FELFWL		
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL	KA	VSAS CORPORATION COMMISSION
		FSUFNL	FEL/FWL		JUN 1 8 2013 - GONSERVATION DIVISION WICHITA, KS

A separate sheet may be attached if necessary

_ FEUFWL

__FSL/FNL _

^{*} 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



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	Mallifornia			
Name: EXXONMOBIL OIL CORPORATION	Well Location:			
Address 1:P. O. BOX 4358				
Address 2:				
City: HOUSTON State: TX Zip: 77210 ++ 435	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: ADAM SCOTT				
Phone: (713 431 1 85 U Fax: (713 431-1475	T032S - R036W: SEC 024 N2, SW4, SE4			
Email Address: adam.e.scott@exxonmobil.com				
Surface Owner Information:				
Name: See Attached				
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:				
Pity: State: Zip:+				
Select one of the following: X Certify that, pursuant to the Kansas Surface Owner N	folice Act (House Bill 2032), I have provided the following to the surface			
owner(s) of the land upon which the subject well is or w	vill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
KCC will be required to send this information to the sur	r(s). I acknowledge that, because I have not provided this information, the face owner(s). To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form.			
f choosing the second option, submit payment of the \$30.00 ha form and the associated Form C-1, Form CB-1, Form T-1, or For	andling fee with this form. If the fee is not received with this form, the KSONA-1 rm CP-1 will be returned.			
hereby certify that the statements made herein are true and ∞	rrect to the best of my knowledge and belief.			
Date: 6/15/2013 Signature of Operator or Agent: 7/1.	Michael McNulty Title: Regional Land Manager			

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

City:

API#: 15189225150000 Lease Name: JONES H Owner Name: MACKINNON, SHARON KAY REV TR ETAL Address: 2501 MELENCAMP AVE City: DODGE CITY State: KS **Zip:** 67801-2417 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address:

State:

Zip:



RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS