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: MUST be submitted.	ed with this form.			
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.: 200122			
Gas Gathering System:	Lease Name: L W BAILEY			
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 006 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.:(API No. II Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from ☐ N / ☐ S Line of Section leet from ☐ E / ☐ W Line of Section Haul-Off ☐ Workover D ☐ Drilling			
Past Operator's License No. 5208 /	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	0512412042			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date:			
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	Oil / Gas Purchaser: WGP-KHC LLC			
OKLAHOMA CITY, OK 73102	Date: 05/31/2013 JUN 1 8 2013			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas Q. Schultze RECEIVED			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
is acknowledged as	is acknowledged as			
the new operator and may continue to inject Iluids as authorized by	the new operator of the above named lease containing the surface pit			
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
Date:	Authorized Signature			
DISTRICT EPR	PRODUCTION 7.5.13 UIC 7-5-13			
Mail to: Past Operator New Operat	or District			

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

Side Two

Must Be Filed For All Wells

1

Lease Name:	L W BAILEY		* Location: 6 27 33WS E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned	
1	15081003180001 √	2310FSL	2310FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		_	
			FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL	-3333		
		FSUFNL				
		FSL/FNL				
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		FSL/FNL	FEL/FWL			
landrik blander, rep i som se, i juli i monspe i	er og - det med stade stade stade og stade og det de stade og de s	FSL/FNI	- · · · · · · · · · · · · · · · · · · ·	- morninggegegesystem (4.1-25) of the specific specific systems of the specific spec	KCC WICHITA	
		FSL/FNI	FEL/FWL		JUN 1 8 2013	
		FSL/FNI	FEL/FWL		RECEIVED	
		FSL/FNI	FEL/FWL		- RECEIVED	
		FSL/FNI	FEL/FWL			
		FSL/FNI	LFEL/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.

Select the corresponding form being filed: C-1 (Intent) CB-1	Cathodic Protection Biorehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 5208	Well Location:			
Name: EXXONMOBIL OIL CORPORATION				
Aridress 1: P. O. BOX 4358	County: Haskell			
Address 2:	Lease Name: LW BAILEY Well #: 1			
City: HOUSTON State: TX Zip: 77210 ++ 4358	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the fease below: T027S - R033W: SEC 006 All			
Phone: { 713 431-1859 Fax: { 713 431-1475	102/0 - 100011. 020 0007			
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 owner 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.			
Cny: State: Zip:+				
are preliminary non-binding estimates. The locations may be entered. Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
aumorica of the land mean which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ig fee, payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CI	g fee with this form. If the fee is not received with this form, the KSONA-1 2-1 will be returned.			
I hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.			
Date: 6/15/2013 Signature of Operator or Agent:	Tille: Regional Land Manager			
API # :15081003180001 KDOR #20012:	KCC MARCH WE			

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

JUN 18 2013
RECEIVED

Surface Owners

Owner Name: TLW LAND & CATTLE LP Address: P O BOX 2410 City: OKLAHOMA CITY State: OK Zip: 73101 Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip:	API#: 15081003180001	Lease Name: LWB	BAILEY	Well #: _1	
Address: P O BOX 2410 City: OKLAHOMA CITY State: OK Zip: 73101 Owner Name: Address: City: State: Zip: City: State: Zip:					
City: OKLAHOMA CITY State: OK Zip: 73101 Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip:	Owner Name: TLW LAND & CAT	TLE LP			
Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip:	Address: P O BOX 2410				
Address: City: State: Zip: Owner Name: Address: Gity: State: Zip:	City: OKLAHOMA CITY	State: OK	Zip: 73101		
City: State: Zip: Owner Name: Address: City: State: Zip:					
Address: City: State: Zip:		State:	Zip:		
Course Names	City:	State:	Zip:		
	Owner Name:				
Address: City: State: Zlp:		State:			
Owner Name:					
Address: KCC WICH		0 4.4:		K	CC WICHITA
City: State: Zip.	City:	State:	∠ip:		IIN 1.8 2013

RECEIVED