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.	ted 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.: 227945		
Gas Gathering System:	Lease Name: ROY		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: T028S - R033W: SEC 018 NW4, NE4, SE4, SW4		
Enhanced Recovery Project Permit No.:	10203 - R033W. 3EG 010 RW7, RE4, 3E4, 3W4		
Entire Project: Yes No			
Number of Injection Wells **	County: Haskell Production Zone(s): COMMINGLE CHASE/COUNCIL GR Injection Zone(s):		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.			
Surface Pit Permit No.:	leet from N / S Line of Section		
(API No. II Drill Pit, WO or Haul)	leet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OC Drilling		
Past Operator's License No5208 /	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Deta: 05/31/2013		
	Mala:		
Title: _ RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole		
	KCC WICHIT		
New Operator's License No. 32864 /	Contact Person: BRENDA WALLER JUN 18 2013		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES RECEIVED		
OKI AHOMA CITY OK 73102	Date: 05/31/2013		
	Signature: Douglas C. Schultze		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schuttse		
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 acknowledged as		
	the new operator of the above named lease containing the surface pit		
the new operator and may continue to inject fluids as authorized by			
Permit No.: Recommended action:	permitted by No.:		
	Date:		
Date:	Date:		
	PRODUCTION 7.24.13 UIC 7-24-13		
Mail to: Past Operator New Operator	,		

Side Two

	y	Must Be	Filed For All Wells		
KDOR Lease				2 22 22Walsa/	
* Lease Name	ROY	* Location: 18 28 33WNV			
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
318	15081216330002	1121FNL	646FWL	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		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEUFWL		_
		FSL/FNL	FEL/FWL		

FSL/FNL _____ FEL/FWL _

FSL/FNL

FEL/FWL

__ FEL/FWL

__ FEL/FWL

__ FEL/FWL

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FEL/FWL

FEL/FWL

_ FEL/FWL

_ FEL/FWL

_FEL/FWL

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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

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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 Boreficie Intent) XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION	Well Location: 		
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	County: Haskell		
Address 2:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City: HOUSTON State: TX Zip: 77210 ++ 4358	If filing a Form 1-1 for multiple wells on a lease, enter the legal description		
Contact Person: ADAM SCOTT	the lease below:		
Phone: (713 431-1) 8F54 Fax: (713 431-1475	T028S - R033W: SEC 018 NW4, NE4, SE4, SW4		
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 freasurer.		
City: State: Zip:+	_		
Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, face			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ling fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 hands form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.		
I hereby certify that the statements made herein are true and correct	t to the best of my knowledge and belief.		
Date: 6/15/2013 Signature of Operator or Agent:	chael McNulty Title: Regional Land Manager		
API # :15081216330001 KDOR #2279	KCC WICHITA		

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

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Surface Owners

API#: 15081216330001	Lease Name: ROY		Well #: 318
Owner Name: COX LAND			
Address: 1111 RD 90			
City: SUBLETTE	State: KS	Zip: 67877	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

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Well #: 3--18_____