KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

_ is acknowledged as

the new operator of the above named lease containing the surface pit

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: Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells ... 214699 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: ESBOASE Saltwater Disposal Well - Permit No.: _ 31 Two. 26 R. 35W _feetfrom N/ SLine Legal Description of Lease: __ feet from DE / DW Line T026S - R035W: SEC 031 All Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Number of Injection Wells. County: Kearny Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: _ feet from N / S Line of Section (API No. If Drill Pit, WO or Haul) ☐ E / ☐ W Line of Section Type of Pit: Emergency Haul-Off Burn Settling Workover(Drilling **LAURIE KILBRIDE** Past Operator's License No. RECEIVED Contact Person: _ KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 JUN 18 2013 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** CONSERVATION DIVISION Signature: ____Andrew D. Cole WICHITA, KS **BRENDA WALLER** New Operator's License No. -Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: WGP-KHC LLC **OKLAHOMA CITY, OK 73102** 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #..... noted, approved and duly recorded in the records of the Kansas Corporation 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.

New Operator ______ District ____

PRODUCTION.

permitted by No.: __

is acknowledged as

the new operator and may continue to inject fluids as authorized by

Date:

DISTRICT

Mail to: Past Operator_

_____ . Recommended action:

Authorized Signature

Side Two

Must Be Filed For All Wells

| _ease Name | E S BOASE | - Location: 31 26 35W S E | | | | | |
|---|------------------------------|------------------------------------|------------------------------------|--|--|--|--|
| Well No. | API No. (YR DRLD/PRE '67) | Footage from (i.e. FSL = Feet t | n Section Line from South Line) | Type of Well (Oll/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) ACTIVE | | |
| 3 INF | | 330FSL | 2310FEL | GAS | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| - 1 | | 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 | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| tan Vija di semplek ki sembas semenda selik di kenasak se di kanasa | | FSL/FNL | FEL/FWL | Pedral Haddinisticioniste cer in 1990 and ambientarion dans on Conditional Management and an artistic of the conditional data and an artistic of the conditional data and an artistic of the conditional data and artistic of the conditi | allahan kepada kepada kepada sa kana kana kepada kepada kepada kepada kepada kepada kepada kepada kepada kepad | | |
| | | FSL/FNL | FEL/FWL | | | | |

A separate sheet may be attached if necessary

.FSL/FNL _____ FEL/FWL

_FEL/FWL

_FEL/FWL

.... FEL/FWL

__ FEL/FWL

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

FSL/FNL

FSL/FNL

FSL/FNL _

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

Form KSONA-1 lidy 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: LIC-1 dirent | CB-1 (Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application) |
|--|---|
| OPERATOR: License # 5208 | |
| Name: EXXONMOBIL OIL CORPORATION | SE Sec. 31 Twp.26 S. R. 35 Eas X West |
| Address 1: P. O. BOX 4358 | County: Kearny |
| Address 2: | |
| City: HOUSTON State: TX Fip: 77210 ++ 4 | 1701131200 |
| Contact Person: ADAM SCOTT | the lease below: |
| Phone: (713 431-1870 Fax: (713 431-1475 | T026S - R035W: SEC 031 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 comer 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: State: Zip:+ | |
| are preliminary non-binding estimates. The locations may be e Select one of the following: | oads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. |
| owner(s) or the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if I form; and 3) my operator name, address, phone numb. | |
| NCC will be required to send this information to the si | rer(s). I acknowledge that, because I have not provided this information, the urface owner(s). To mitigate the additional cost of the KCC performing this handling fee, payable to the KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 form and the associated Form C-1, Form CB-1, Form T-1, or F | handling fee with this form. If the fee is not received with this form, the KSONA-1 form CP-1 will be returned. |
| I hereby certify that the statements made herein are true and o | correct to the best of my knowledge and belief. |
| Date: 6/15/2013 Signature of Operator or Agent: 7/1 | M. Michael M.Multy Regional Land Manager |
| API # :15093208170001 KDOR : | #214699 RECEIVED KANSAS CORPORATION COMMISSION |

JUN 1 8 2013

Surface Owners

| API#: | 15093208170001 | Lease Name: _ | ESBO | DASE | | Well #: 3 INF |
|-------|------------------------|----------------|------|------|-------|---------------|
| | | | | | | |
| Own | er Name: ARIAS, JOSEPH | & LOZANO, CLAI | UDIA | | | |
| | Address: 2052 ROAD 10 | | | | | |
| | City: ULYSSES | State: | KS | Zip: | 67880 | |
| | er Name: | | | | | |
| , | Address: | | | | | |
| | City: | State: | | Zip: | | |
| | | | | | | |
| | er Name: Address: | | | | | |
| | City: | State: | | Zip: | | |
| | | | | | | |
| | r Name: .ddress: | | | | | |
| | City: | State: | | Zip: | | |
| | | | | | | |
| | r Name: ddress: | | | | | |
| | City: | State: | | Zip: | | |

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