KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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.: 220631		
Gas Gathering System:	Lease Name: BOLINGER		
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 - R035W: SEC 009 SE4, SW4, NW4, NE4		
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:	teet from N / S Line of Section		
(API No. II Drill Pit, WO or Haul)	teet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
Past Operator's License No. 5208 V	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 ILIN 1 8 2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u> CONSERVATION DIVISION WICHITA, KS		
New Operator's License No. 32864	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	405 240 2250		
	Phone:		
210 PARK AVENUE, SUITE 2350	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 a noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the a	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
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.:	permitted by No.:		
Date:	Date:		
Authorized Signature / /	Authorized Signature		
DISTRICT EPR _ 8/6/13 F	PRODUCTION 8-7-13 UIC 8-7-13		
Mail to: Past Operator New Operator	or District		

Side Two

N

Must Be Filed For All Wells

Lease Name: BOLINGER		- Location: 9 32 35W المحتودة على المحتودة المح				
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)	
A1-3 INF	15189219520001	1250FSL	1250FWL	GAS	ACTIVE	
		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			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL	KA	ISAS CORPORATION COMMISSIO	
***************************************		FSL/FNL	FEL/FWL	White the second	JUN 1 8 2013	
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS	

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.

OPERATOR: License # 5206	Well Location:	n:		
Name: EXXONMOBIL OIL CORPORATION		SW Sec. 9 Twp.32 S. R. 35 EastX	West	
Address 1: P. O. BOX 4358	County: Steven	, —	<u>.</u>	
Address 2:	-	BOLINGER Well #: A1-3 INF		
Cary: HOUSTON State: TX Contact Person: ADAM SCOTT		If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:		
Phone: (713 431-1859 Fax: (713 431-1475 T032S - R035V	T032S - R035W: SEC 009 SE4, SW4, NW4, NE4		
Email Address: adam.e.scott@exxonmobil				
Surface Owner Information:				
Name: See Attached	When filing a Fo	When filing a Form T-1 involving multiple surface owners, attach an addition		
Address 1:	sheet listing all owner informati	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:	an extra and in the	the real estate property tax records of the county treasure	NT.	
Offy: State:	Zip:+			
Select one of the following:				
X I certify that, pursuant to the Kans	he subject well is or will be located: 1) a copy with this form; 2) if the form being filed is a For	2032), I have provided the following to the surface by of the Form C-1, Form CB-1, Form T-1, or Form Corm C-1 or Form CB-1, the plat(s) required by this is.		
owner(s) of the land upon which to CP-1 that I am filing in connection	ddress, phone number, fax, and email address.			
owner(s) of the land upon which to CP-1 that I am filing in connection form; and 3) my operator name, ac	n to the surface owner(s). I acknowledge that, I	t, because I have not provided this information, the jate the additional cost of the KCC performing this the KCC, which is enclosed with this form.		
owner(s) of the land upon which the CP-1 that I am filling in connection form; and 3) my operator name, as I have not provided this information KCC will be required to send this it task, I acknowledge that I am bein of the choosing the second option, submit pay.	n to the surface owner(s). I acknowledge that, I information to the surface owner(s). To mitigat ag charged a \$30.00 handling fee, payable to the	pate the additional cost of the KCC performing this the KCC, which is enclosed with this form. m. If the fee is not received with this form, the KSO	NA-1	
owner(s) of the land upon which the CP-1 that I am filing in connection form; and 3) my operator name, as I have not provided this information KCC will be required to send this itask, I acknowledge that I am bein lift choosing the second option, submit pay form and the associated Form C-1, Form to	n to the surface owner(s). I acknowledge that, I information to the surface owner(s). To mitigating charged a \$30.00 handling fee, payable to the surface of the \$30.00 handling fee with this form.	pate the additional cost of the KCC performing this the KCC, which is enclosed with this form. In. If the fee is not received with this form, the KSO add.	NA-1	
owner(s) of the land upon which the CP-1 that I am filing in connection form; and 3) my operator name, as I have not provided this information KCC will be required to send this itask, I acknowledge that I am bein if choosing the second option, submit pay form and the associated Form C-1, Form 6	in to the surface owner(s). I acknowledge that, I information to the surface owner(s). To mitigate generated a \$30.00 handling fee, payable to the surface owner of the \$30.00 handling fee with this form CB-1, Form T-1, or Form CP-1 will be returned. Therein are true and correct to the best of my knowledge.	pate the additional cost of the KCC performing this the KCC, which is enclosed with this form. In. If the fee is not received with this form, the KSO add.	NA-1	

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

CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

Surface Owners

API#:	15189219520001	Lease Name: _	BOLII	NGER		Well #: <u>A13 INF</u>
O	ner Name: SMITH, WANDA	CTAI				
	Address: 2406 ROAD V	LIAL				
	Addition 2400 NOAD V					
	City: MOSCOW	State:	KS	Zip:	67952-5238	
Ow	ner Name: COOPER, MARL	.IN D & PATRICIA	A DEC	TR		
	Address: 6740 MAURER					
	City: SHAWNEE	State:	KS	Zip:	66217-9480	
Owi	ner Name:					
	Address:					
	City:	State:		Zip:		
Owi	ner Name:					
	Address:					
	City:	State:		Zip:		
Owi	ner Name:					
	Address:					
	City:	State:		Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS