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 Kaneas Surface Owner Notification Act,

Check Applicable Boxes:			
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.: 214976		
Gas Gathering System:	Lease Name: BROWN		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: T025S - R034W: SEC 009 S2 SEC 010 S2		
Enhanced Recovery Project Permit No.:	10205 - R034W: SEC 008 32 SEC 010 32		
Entire Project: Yes No			
Number of Injection Wells **	County: Finney		
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. II Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	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	DECEIVED		
	KANSAS CORPORATION COMMISSION		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole JUN 1 8 2013		
	PRENDA WALLER CONSERVATION DIVISION		
New Operator's License No. 32864	Contact Person: WICHITA, KS		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
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: Douglas C. Schultze		
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 and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature			
	PRODUCTION 8.15.13 UIC 8.15-13		
Mail to: Past Operator New Operat	Ulauri		

Side Time

Must Be Filed For All Wells

Lease Name	BROWN	- Location: 10 25 34WSW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
45	15055206530000 /	605FSL	5276FEL	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	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	_	FSUFNL	FEL/FWL		
		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/FNI	FEL/FWL		
		FSL/FNI	FEL/FWL		RECEIVED
		FSL/FNI	FEL/FWL	KANSAS	CORPORATION COMMISSION
	make an angular and a second an	FSL/FNI	FEL/FWL		JUN 1 8 2013
_		FSL/FN	LFEL/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.

5208	Well Location:		
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION		10 Twp.25 S. R. 34 Eas X West	
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	and the state of t		
	DROWN	Well #: 45	
Address 2:		tiple wells on a lease, enter the legal description of	
Contact Person: ADAM SCOTT	the lease below:		
Phone: (713 431-1054 Fax: (713 431-1475 T025S - R034W: SEC 009	9 S2 SEC 010 S2	
Email Address: adam.e.scott@exxonmobil	com		
Email Address:			
Surface Owner Information:			
Name: See Attached	When filing a Form T-1 inv	olving multiple surface owners, attach an additional rmation to the left for each surface owner. Surface	
Address 1:	owner information can be	tound in the records of the register of deeds for the	
Address 2:	county, and in the real esta	ate property tax records of the county freasurer.	
City: State:	/ip:+		
Select one of the following: X I certify that, pursuant to the Kan	locations may be entered on the Form C-1 plat, Form C as Surface Owner Notice Act (House Bill 2032), I hav e subject well is or will be located: 1) a copy of the Fo	re provided the following to the surface rm C-1, Form CB-1, Form T-1, or Form	
CP-1 that I am filing in connection	with this form; 2) if the form being filed is a Form C-1 or iress, phone number, fax, and email address.	Form CB-1, the plat(s) required by this	
KCC will be required to send this.	to the surface owner(s). I acknowledge that, because information to the surface owner(s). To mitigate the addictionary charged a \$30.00 handling fee, payable to the KCC, w	ditional cost of the KCC performing this	
If choosing the second option, submit pay form and the associated Form C-1, Form	nent of the \$30,00 handling fee with this form. If the fe B-1, Form T-1, or Form CP-1 will be returned.	ee is not received with this form, the KSONA-1	
I hereby certify that the statements made	erein are true and correct to the best of my knowledge	and belief.	
Date: 6/15/2013 Signature of Op	raior or Agent:	Title: Regional Land Manager	
-	KDOR #214976	RECEIVED KANSAS CORPORATION COMMISSION	

JUN 1 8 2013

Surface Owners

API#: 15055206530000		Lease Name: _	BROWN		
Own	er Name:	TRI-STATE GEN	ERATION AND TR	ANSMISSIO	N ASSOC INC
	Address:	PO BOX 33695			
	City:	DENVER	State:	CO Zip	e: 80233-0695
_					
Owr	ner Name:				
	Address:	:			
	City:		State:	Z	ip:
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Own	er Name:				
	Address:	:			
	City:		State:	Zij	p:
Own	er Name:				
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	City:		State:	Ziį	p:

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____ Well #: _4-5

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS