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

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 with this form. Oil Lease: No. of Oil Wells 7/1/2013 Effective Date of Transfer-Gas Lease: No. of Gas Wells 220820 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: BROWN Saltwater Disposal Well - Permit No.: 16 Twp. 25 R. 34W _____feet from N/ S Line Legal Description of Lease: ___ feet from E / W Line T025S - R034W: SEC 016 All Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Number of Injection Wells County: Finney 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. If Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency ☐ Burn Settling Haul-Off Workover / Drilling 5208 Past Operator's License No. **LAURIE KILBRIDE** Contact Person: RECEIVED Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: _ 713-431-1182 KANSAS CORPORATION COMMISSION P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: ____Andrew D. Cole CONSERVATION DIVISION New Operator's License No. -**BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES **OKLAHOMA CITY, OK 73102** 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultre 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. 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 ___ . Recommended action: permitted by No.: ___ Date: Authorized Signature DISTRICT .

New Operator

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

	•
KDOR Lease No.: _	220820

Lease Name: BROWN			* Location:_1	* Location: 16 25 34W /V \W			
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
13	15055214520000 /	1500FNL	1580FWL	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				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	######################################			
		FSUFNL	FEL/FWL				
	* ************************************	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
-		FSL/FNL	FEL/FWL	KANS	RECEIVED AS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		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.

E208	
OPERATOR: License # 5208	Well Location:
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	
Address 2:	
Cay: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77210 +</u>	1000
Contact Person: ADAM SCOTT	+ 4358 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below;
Phone: (713 431-1054 Fax: (713 431-1475	T025S - R034W: SEC 016 All
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form T.1 involving multiple surface owners, attach an additional
Address 1:	reference distribution and the date of the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	·
Select one of the following:	be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
CP-1 that I am filing in connection with this form; 2 form; and 3) my operator name, address, phone nu	
KCC will be required to send this information to th	owner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this .00 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30. form and the associated Form C-1, Form CB-1, Form T-1, (.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.
hereby certify that the statements made herein are true a	nd correct to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent:	M. Michael McNulty Regional Land Manager
API # :15055214520000 KD	RECEIVED OR #220820 KANSAS CORPORATION COMMISSION

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15055214520000	Lease Name: _	BROW	N		Well #:1_3			
					·				
Owner Name: KOSTER, KATHY TRUST dated 12/15/06									
	Address: PO BOX 897								
	City: GARDEN CITY	State:	KS	Zip:	67846-0897				
	er Name:								
•	Address:								
	City:	State:		Zip:					
	er Name: Address:								
	City:	State:		Zip:					
	r Name:								
A	ddress:								
	City:	State:		Zip:					
	r Name: ddress:								
	City:	State:		Zip:					

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS