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,

MUST be submitte	id with this form.			
Check Applicable Boxes: Oil Lease: No. of Oil Wells	Effective Date of Transfer:			
Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells	T025S - R034W: SEC 017 All County: Finney Production Zone(s): COUNCIL GROVE Injection Zone(s): Injection Zone(s): Section			
(API No. II Drill Pit. WO or Haul) Type of Pit: Emergency Burn Settling	Haul-Off Workover O C Drilling			
Past Operator's License No	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 Date: 05/31/2013 RECEIVED KANSAS CORPORATION COMMISSION Signature: Audrew D. Cole JUN 1 8 2013			
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102	Contact Person: BRENDA WALLER CONSERVATION DIVISION WICHITA, KS Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES 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 noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:			
District EPR \$ //4//3	PRODUCTION			
Mail to: Past Operator New Operat	or District			

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

V

Must Be Filed For All Wells

KDOR Lease	No.:						
Lease Name:	BROWN FARM	BROWN FARM Location: 17 25 34WSW					
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
56	15055204850000	166/ 1880FSL	3011 2970FEL	GAS	ACTIVE		
		FSL/FNI	FEL/FWL				
		FSL/FNI	FEL/FWL				
		FSL/FNI	LFEL/FWL				
		FSL/FN	L FEL/FWL				
		FSL/FN	L FEL/FWL				
		FSL/FN	LFEUFWL		_		
		FSL/FN	LFEL/FWL		_		
		FSL/FN	LFEL/FWL				
		FSL/FN	LFEL/FWL	- the second sec			
		FSL/FN	L FEL/FWL				
		FSL/FN	LFEL/FWL				
		FSL/FN	L FEL/FWL				
		FSL/FN	L FEL/FWL				
		FSL/FN	LFEL/FWL		****		
		FSL/FN	IL FEL/FWL				
		FSL/FN					
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***************************************		FSL/FN					
		FSL/FN					
		FSL/FN			RECEIVED SAS CORPORATION COMMISSION		
		FSL/FN			J UN 1 8 2013		
		FSUFN			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.

Select the corresponding form being filed:	: C-1 (Intent) CB-1 (Cathodic Protection Boreficie Intent)	▼ T-1 (1	tansfer) CP-1 (Plugging Application)			
OPERATOR: License # 5208	Well Location:					
Name: EXXONMOBIL OIL CORPORATION	<u>SW</u> Sec.	17Twp	.25 S. R.34 Eas X West			
Address 1: P. O. BOX 4358	Courty: Finney					
Address 2:		RM	Well #: 56			
City: HOUSTON State: TX Z		If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT	the lease below:					
Phone: (713 431-1854 Fax: (_	713 431-1475	All				
Email Address: adam.e.scott@exxonmobil.c	com					
Surface Owner Information:						
Name: See Attached	When tiling a Form T-1 invo	When tiling a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface				
Address 1:	owner information can be t	ound in th	e records of the register of deeds for the			
Address 2:	county, and in the real esta	te propert	y tax records of the county treasurer.			
City: State: 2	čip:+					
Select one of the following:	locations may be entered on the Form C-1 plat, Form C as Surface Owner Notice Act (House Bill 2032), I have	e provide	d the following to the surface			
owner(s) of the land upon which the	e subject well is or will be located: 1) a copy of the For with this form; 2) if the form being filed is a Form C-1 or dress, phone number, fax, and email address.	M C 1. F	Orm CB-1, Point I-1, Or Form			
VCC will be required to send this it	to the surface owner(s). I acknowledge that, because I nformation to the surface owner(s). To mitigate the add g charged a \$30.00 handling fee, payable to the KCC, w	illionai cu	ISLOI ME MCC perioriting and			
If choosing the second option, submit payr form and the associated Form C-1, Form C	ment of the \$30.00 handling fee with this form. If the fe B-1, Form T-1, or Form CP-1 will be returned.	e is not r	eceived with this form, the KSONA-1			
I hereby certify that the statements made h	erein are true and correct to the best of my knowledge	and belie	f.			
Date: 6/15/2013 Signature of Ope	M. Michael McNulty	Title:	Regional Land Manager			
Date: Of 19720 19	The state of the s		RECEIVED			
API # :15055204650000	KDOR #208405		KANSAS CORPORATION COMMISSION			

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

CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

Surface Owners

API#: 15055204650000 **BROWN FARM** Well #: _5-6 Lease Name: Owner Name: KOSTER, KATHY TRUST dated 12/15/06 Address: PO BOX 897 City: GARDEN CITY State: KS Zip: 67846-0897 **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip: **Owner Name:** Address: City: State: Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS