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,

Check Applicable Boxes: MUST be submit	itied 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.: 208403		
Gas Gathering System:	Lease Name: BROWN FARM		
Saltwater Disposal Well - Permit No.:			
Spot Location:feet from N / S Line	<u>N_W</u> Sec20_Twp26_R34W		
teet from C E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T025S - R034W: SEC 020 All		
Entire Project: Yes No			
Number of Injection Wells**	County: Finney Production Zone(s): COUNCIL GROVE		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** State (New Mariet See Completed.	Injection Zone(s):		
Surface Pit Permit No.:	feet 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 (2) Dritting		
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	Dete: 06/31/2013 RECEIVED		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole KANSAS CORPORATION COMMISSIO		
1100	JUN 1 8 2013		
New Operator's License No. 32884 V	Contact Person: BRENDA WALLER CONSERVATION DIVISION 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. Schuttze		
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			
<u> </u>			
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 /	Authorized Signature		
DISTRICT EPR	PRODUCTION 8.16.13 UIC 8-16-13		
Mail to: Past Operator New Operato	- I		

State Terr

Must Be Filed For All Wells

KDOR Lease No.:	208403
MOON DOUGH ING.	

* Lease Name:	BROWN FARM	* Location: 20 25 34W W LV			
Well No	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gee/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
		1330FNL	1270FWL	GAS	ACTIVE
	· · · · · · · · · · · · · · · · · · · 		<u></u>		
		FSL/FNL	FEL/FWL	· ·	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	the second secon	
		FSL/FNL	FEL/FWL		· ·
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		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/FNL	FEL/FWL	K	NSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		JUN 1 8 2013
		FSL/FNL	FEL/FWL	Water the second of the second	CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		***************************************

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 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 # 5208	We	Il Location:				
Name: EXXONMOBIL OIL CORPORAT	ION		wp.25 S. R.34 EastX West			
Address 1: P. O. BOX 4358		anty: <u>Finney</u>				
Address 2:	Lea	se Name: BROWN FARM	Well #: 2-3			
City: HOUSTON State: TX	Zip:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT	the state of the s	the lease below:				
Phone: (713 /31-/259 Fax	:: (<u>713 431-1475</u>	T0258 - R034W: SEC 020 All				
Email Address: adam.e.scott@exxonm	obilcom					
Surface Owner Information:						
Name: See Attached			Form T-1 involving multiple surface owners, attach an additional			
Address 1:		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:			rty tax records of the county treasurer.			
City: State:	Zip:+					
owner(s) of the land upon whic	ansas Surface Owner Notice Act (Ho h the subject well is or will be located: on with this form; 2) if the form being fi	1) a copy of the Form C-1.	Form CB-1, Form T-1, or Form			
form; and 3) my operator name,	address, phone number, fax, and ema	il address.				
KCC will be required to send th	tion to the surface owner(s). I acknowl is information to the surface owner(s). eing charged a \$30.00 handling fee, pa	To mitigate the additional of	ost of the KCC performing this			
If choosing the second option, submit p form and the associated Form C-1, For			received with this form, the KSONA-1			
I hereby certify that the statements made	le herein are true and correct to the be	st of my knowledge and beli	ef			
Date: 6/15/2013 Signature of	Operator or Agent: W. Michael McN	dty Tide	Regional Land Manager			
API # :15055204640000	KDOR #208403		RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

Surface Owners

API#: 15055204640000 **BROWN FARM** Lease Name: Well #: <u>2-3</u> Owner Name: J O CATTLE COMPANY INC Address: PO BOX 7 City: HOLCOMB State: KS Zip: 67851-0007 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, K8