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: MOST be submit	itted with this form.
Check Applicable Boxes: Oil Lease: No. of Oil Wells	Effective Date of Transfer: KS Dept of Revenue Lease No.: 200379 Lease Name: BROWN ———————————————————————————————————
Type of Pit: Emergency Burn Settling	Haul-Off Workover O Drilling
Past Operator's License No. 5208(Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT 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 the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:	
9/11/12	RODUCTION 8.15.13 UIC 8-15-13

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

V

Must Be Filed For All Wells

Lease Name	BROWN Location: 17 25 34W N E						
Well No.	API No. (YR DRLD/PRE '67)	Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/Ta'D/Abandoned)		
5	15055006070000 /	2970FSL	2310FEL	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 .		Pleasure, and the second secon		
Manager to the State of State		** FSL/FNL	FEL/FWL	kinning og skrifter og skrifte	erie en		
		FSL/FNL	FEL/FWL _				
Silphadide in 1 - Almandamente Heraldidiscontra Feldi	THE CONTROL OF THE PROPERTY OF	.FSL/FNL	FEL/FWL	The Color of the State of the S	19 - Karingalan ing Kanagalangan na mingganggangganggan karawa manggangganggan		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL .	FEL/FWL _		RECEIVED KANSAS CORPORATION COMMISSION		
-		FSL/FNL .	FEL/FWL _		JUN_1_8_2013		
 -	may be attached if necessary	FSUFNL .	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 hiy 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.

(ADE (MEQU)		
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORA	TON	Well Location:
The state of the s	- A	N E Sec. 17 Twp.25 S. R: 34Eas X West
Address 1: P. O. BOX 4358		County: Finney
Address 2:		Lease Name: BROWN Well #: 5
Crity: HOUSTON State: TX Contact Person: ADAM SCOTT	Zip:77210 ++ _4358	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of
	19710 Matheway 19710 1970011 1 11 1 1970000 100000 11 1 1	the lease below: T0258 - R034W: SEC 017 All
Phone: 713 431-1850 Fa		10200 - NOOTH. SEC 017 All
Email Address: adam.e.scott@exxonm	nobil.com	
Surface Owner Information:		
Name: See Attached		Milyan Ginner Comm. T. t. insulation
Address 1:	******	When fibrig a Form 1.1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface
Address 2:		country and in the real estate property tax records of the country treasurer.
Crty: State:	Zip:	estate property tax rects as of the county freasurer.
Select one of the following:	me locations may be entered on	ist Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
CP-1 that I am filing in connection form; and 3) my operator name,	on with this form; 2) if the form be address, phone number, fax, and	
		knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.
f choosing the second option, submit pa orm and the associated Form C-1, Form	ayment of the \$30.00 handling fe n CB-1, Form T-1, or Form CP-1 (ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
hereby certify that the statements made	herein are true and correct to the	he best of my knowledge and belief.
late. 6/15/2013 Signature of O		
API # :15055006070000	KDOR #200379	RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

Surface Owners

API#: 15055006	070000	Lease Name:	BROWN		Well #: _5
Owner Name: K	(OSTER, KATHY [.] O BOX 897	TRUST dated 12/	15/06		
City: G	ARDEN 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:		

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CONSERVATION DIVISION WICHITA, KS