KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 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 sub	omitted with this form.
Oil Lease: No, of Oil Wells	Effective Date of Transfer: 7/1/2013
Gas Lease: No. of Gas Wells	
Gas Gathering System:	KS Dept of Revenue Lease No.: 200397
Saltwater Disposal Well - Permit No.:	Lease Name: BROWN
Spot Location: feet from N / S Line	N Esec 25 R 34W E XW
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T025S - R034W: SEC 022 All
Entire Project: Yes No	
Number of injection Wells	County: Finney
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	
** Side Two Must Be Completed.	Production Zone(s): CHASE Injection Zone(s):
Surface Pit Permit No.:	
(API No. II Drill Pit, WO or Haul)	feet from N / S Line of Section
Type of Pit: Emergency Burn Settling	leet from E / W Line of Section
settling Settling	Haul-Off Workover Of Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Dhone, 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	KANSAS CORPORATION COMMISSION
Title:RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date:
	Signature: Andrew D. Cole JUN 1 8 2013
12004 V	CONSERVATION DIVISION WICHITA, KS
New Operator's License No. 32864	Contact Person: BRENDA WALLER
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	Sulfhorization surface oit normals #
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
he 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.:
)ate:	Date:
Authorized Signature /	Authorized Signature
DISTRICT EPR P	RODUCTION 8.16.13 UIC 8-16-13
Mail to: Past Operator New Operator	District

Side Two

Must Be Filed For All Wells

Lease Name	BROWN		* Location: 2	2 25 34WIV E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned
23	15055006120000 /	2970FSL	2310FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL	Personal	
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL		
	,	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL .		RECEIVED AS-CORPORATION COMMISSION
		FSL/FNL	FEL/FWL .	(CPDPA)	-HIN 1 8 2013

A separate sheet may be attached if necessary

FELFWL

- CONSERVATION DIVISION WICHITA, KS

FSL/FNL _

^{*} 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.

OPERATOR: License #5208					
Name: EXXONMOBIL OIL CORPORA	ATION	Well Location:			
Address 1: P. O. BOX 4358	ATTOM Manufalliburit Manufalliburit Manufalliburit (and the company of the compan		vp.25 S. R.34 Eas X West		
Address 2:		County: Finney			
City: HOUSTON State: T		Lease Name: BROWN			
Contact Person: ADAM SCOTT	A 210: 17210 44 4338	If filing a Form T-1 for multiple wells the lease below:	on a lease, enter the legal description of		
Phone: (713_431-1)850F	713 431-1475	T025S - R034W: SEC 022 All			
mail Address: adam.e.scott@exxoni					
Surface Owner Information:					
lame: See Attached		When filing a From T t immediance and	Pieste madana anamana		
oddress 1:		— Sheet listing all of the information to	tiple surface owners, attach an additional the left for each surface owner. Surface		
Address 2:		owner information can be found in the county, and in the real estate propert	10 records of the register of deeds for the		
State:			y tan records of the county a costaer,		
re preliminary non-binding estimates. delect one of the following:	,	move and the plant, to the observation, the	u a separate placinay be submitted.		
cu) mar i ani mini ili ili COMBC	CITUIG SUDIECT MEILIS OL MIR DE KX	ated: 1) a copy of the Form C-1, Fo	NOW CO 1 Form T 1 or Form		
CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the control of the con	tion with this form; 2) if the form be e, address, phone number, fax, and ation to the surface owner(s). I act this information to the surface own	ated: 1) a copy of the Form C-1, Fo	orm CB-1, Form T-1, or Form -1, the plat(s) required by this provided this information, the		
CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the required to send the task, I acknowledge that I am be choosing the second option, submit in the choosing the second option.	tion with this form; 2) if the form be, address, phone number, fax, and ation to the surface owner(s). I acl his information to the surface ownering charged a \$30.00 handling for payment of the \$30.00 handling for the surface of the \$30.00 handling for the \$30.00 handli	rated: 1) a copy of the Form C-1, Form GB, and filed is a Form C-1 or Form CB, demail address. Inowledge that, because I have not er(s). To mitigate the additional coses, payable to the KCC, which is ended with this form. If the fee is not so	orm CB-1, Form T-1, or Form -1, the plat(s) required by this provided this information, the st of the KCC performing this closed with this form.		
CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information KCC will be required to send that I am back, I acknowledge that I am back, I acknowledge that I am back choosing the second option, submit form and the associated Form C-1, For	tion with this form; 2) if the form be a different to address, phone number, fax, and ation to the surface owner(s). I acle his information to the surface ownering charged a \$30.00 handling form CB-1, Form T-1, or Form CP-1	rated: 1) a copy of the Form C-1, Form GB ing filed is a Form C-1 or Form CB in address. Inowledge that, because I have not er(s). To mitigate the additional cose, payable to the KCC, which is endine with this form. If the fee is not rewill be returned.	orm CB-1, Form T-1, or Form t-1, the plat(s) required by this provided this information, the st of the KCC performing this closed with this form.		
CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the control of the cont	tion with this form; 2) if the form be a different to address, phone number, fax, and ation to the surface owner(s). I acle his information to the surface ownering charged a \$30.00 handling form CB-1, Form T-1, or Form CP-1	rated: 1) a copy of the Form C-1, Foring filed is a Form C-1 or Form CB demail address. Inowledge that, because I have not er(s). To mitigate the additional cose, payable to the KCC, which is endine with this form. If the fee is not rewill be returned. The best of my knowledge and belief.	orm CB-1, Form T-1, or Form t-1, the plat(s) required by this provided this information, the st of the KCC performing this closed with this form.		

JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

Surface Owners

AP#:	15055006120000	Lease Name: _	BROWN		Well #: _23	_
Own	er Name: WILSON TRUC	K SALES INC				
	Address: PO BOX 958					
	City: HOLCOMB	State:	KS Zip:	67851-0958		
	er Name: Address:					
	City:	State:	Zip	:		
	er Name: Address:					
	City:	State:	Zip:			
	· Name:					
A	ddress: City:	State:	Zip:			
	Name:					
	City:	State:	Zip:			

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