## 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 submitted with this form.

Check Applicable Boxes:	tied wan this form.		
Check Applicable Boxes:  Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013  KS Dept of Revenue Lease No.: 215924  Lease Name: BROWN		
** Side Two Must Be Completed.	1 10000001 2010(0).		
Surface Pit Permit No.:  (API No. II Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling	Injection Zone(s):		
Past Operator's License No	Contact Person:LAURIE KILBRIDE  Phone:713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358  Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: 05/31/2013 RECEIVED  KANSAS CORPORATION COMMISSIO  Signature: Andrew 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  Title: SR. OPERATIONS VICE PRESIDENT	Contact Person: BRENDA WALLER CONSERVATION DIVISION WICHITA, KS  Phone: 405-319-3259  Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 05/31/2013  Signature: Douglas C. Schultze		
Acknowledgment of Transfer: The above request for transfer of injection of noted, approved and duty 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.:		
, · ·	PRODUCTION 8.16.13 UIC 8-16-13 UIC		

#### Side Time

#### Must Be Filed For All Wells

Lease Name:	BROWN Location: 11 25 34W /V VV					
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned	
34	15055207000000 /	3302FSL	2700FEL	GAS	ACTIVE	
					_	
	PROPERTY ANNUAL CONTRACTOR OF THE PROPERTY OF	FSL/FNL	FEL/FWL	***************************************	***	
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		***************************************	
		FSL/FNL	FEUFWL	_		
		FSL/FNL	FEL/FWL		-	
		FSL/FNL	FEUFWL			
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		FSL/FNL	FEL/FWL		_	
		FSL/FNL			RECEIVED	
		FSL/FNL	FEL/FWL	KANS	AS CORPORATION COMMISSION	
					JUN 1 8 2013	
		FSL/FNL	FEL/FWL		- CO <del>nservation Divisio</del> Wichita, KS	

A separate sheet may be attached if necessary

<sup>\*</sup> 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 file	ed: C-1 (Intent) CB-1 (Cathodic Protection 6	3orehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 5208	Well Location	A.			
Name: EXXONMOBIL OIL CORPORATIO					
Address 1: P. O. BOX 4358	County: Finn	· — —			
Address 2:	·	BROWN Well #: 3-4			
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 lease be	low:			
Phone: ( 713 431-1959 Fax: (	713 431-1475 T025S - R03	4W: SEC 011 All			
Email Address: adam.e.scott@exxonmob	II.com				
Surface Owner Information:					
Name: See Attached		Form T-1 involving multiple surface owners, attach an additional			
Address 1:		all of the information to the left for each surface owner. Surface ation can be found in the records of the register of deeds for the			
Address 2:		the real estate property tax records of the county freasurer.			
City: State:	_ Zip:+				
Select one of the following:  I certify that, pursuant to the Kan owner(s) of the land upon which to CP-1 that I am filing in connection form; and 3) my operator name, as	nsas Surface Owner Notice Act (House Bill 2 the subject well is or will be located: 1) a cop I with this form; 2) if the form being filed is a F ddress, phone number, fax, and email addres				
KCC will be required to send this		t, because I have not provided this information, the jate the additional cost of the KCC performing this the KCC, which is enclosed with this form.			
	yment of the \$30.00 handling fee with this for CB-1, Form T-1, or Form CP-1 will be returne	m. If the fee is not received with this form, the KSONA-1 id.			
I hereby certify that the statements made	herein are true and correct to the best of my	knowledge and belief.			
Date: 6/15/2013 Signature of Op	perator or Agent:	Title: Regional Land Manager			
API # :15055207000000	KDOR #215924	RECEIVED			

JUN 1 8 2013

KANSAS CORPORATION COMMISSION

### **Surface Owners**

API#:	1505520	7000000	Lease Name: _	BROW	/N		Well #: <u>34</u>	_	
Owner Name: TRI-STATE GENERATION AND TRANSMISSION ASSOC INC									
	Address:	PO BOX 33695							
	City:	DENVER	State:	со	Zip:	80233-0695			
	ner Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS