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				
Check Applicable Boxes: 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.: 200378			
Gas Gathering System:	Lease Name: BROWN			
Saltwater Disposal Well - Permit No.:	SW_Sec10			
Spot Location: feet from N / S Line	Legal Description of Lease:			
feet from E / W Line	T025S - R034W: SEC 009 S2 SEC 010 S2			
Enhanced Recovery Project Permit No.:	10255 - 105410. 525 505 52 525 500 52			
Entire Project: Yes No				
Number of Injection Wells **	County: Finney			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
	feet from N / S Line of Section			
Surface Pit Permit No.:(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 Drilling			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone:			
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole			
New Operator's License No. 32864 V	Contact Person: BRENDA WALLER RECEIVED KANSAS CORPORATION COMMISSION Phone: 405-319-3259			
New Operator's Name & Address: XTO ENERGY INC.	Oil / Gas Purchaser: ONEOK FIELD SERVICES JUN 1 8 2013			
210 PARK AVENUE, SUITE 2350				
OKLAHOMA CITY, OK 73102	Date: WICHITA, KS			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douolas C. Schultre</u>			
Acknowledgment of Transfer: The above request for transfer of injection 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			
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.: ·			
	Deter			
Date:	Date:Authorized Signature			
DISTRICT EPR 8/14/13	PRODUCTION 8. 15-13 UIC 8-15-13			
Mail to: Past Operator New Opera	Maria and and			

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

Side Two

Must Be Filed For All Wells

KDOR Lease	No.:					
Lease Name: BROWN		* Location:_10 25 34WSW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
4	15055006000000 🗸	/326 2640FSL	3840 2840FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
-		FSL/FNI	FEL/FWL			
		FSUFNI	FEL/FWL			
		FSL/FNI	FEL/FWL			
		FSL/FN	LFEL/FWL	,		
		FSL/FN	LFEL/FWL			
		FSL/FN	L FEL/FWL			
		FSUFN	L FEL/FWL			
	<u> </u>	FSL/FN	L FEL/FWL			
		FSL/FN	t FEL/FWL			
		FSUFN	IL FEL/FWL			
		FSL/FN	ilFel/FWI			
		FSL/FN	iL FEL/FWI			
		FSL/FN	ILFEL/FWI			
		FSL/FI	VLFEL/FWI	<u> </u>		
		FSL/FI	VLFEUFWI	L	RECEIVED_	
		FSL/F!	NLFEL/FW		JUN 1 8 2013	
		FSL/FI	NLFEL/FW	L	CONSERVATION DIVISION	
		FSL/FI	NLFEL/FW	ι	WICHITA, KS	

A separate sheet may be attached if necessary

[&]quot;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.

5208		Well Location:		
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION			p.25 S. R.34 Eas X West	
Name: EXXONMOBIL 312 3311 31311311 Address 1: P. O. BOX 4358		County: Finney		
Address 2:		Lease Name: BROWN	Well #: 4	
City: HOUSTON State: TX Z				
Contact Person: ADAM SCOTT Phone: (713 431-1 959 Fax: (713 431-1475			
Phone: (10)01 1410			
Email Address: <u>adam.e.scott@exxonmobil.c</u>	<u> </u>			
Surface Owner Information:		146 Siinn n Cores T t imrebitus ma	tinle surbre owners, allach an additiona	
Name: See Attached				
Address 1:		owner information can be found in the county, and in the real estate proper	ne records of the register of deeds for the ty tax records of the county treasurer.	
Address 2: State: 2				
If this form is being submitted with a Form	C-1 (intent) or CB-1 (Catho	dic Protection Barehole Intent), you	must supply the surface owners and	
If this form is being submitted with a Form of the KCC with a plat showing the predicted is are preliminary non-binding estimates. The	xcations of lease roads, tani locations may be entered o	k batteries, pipelines, and electricarii In the Form C-1 plat, Form CB-1 plat,	or a separate plat may be submitted.	
Select one of the following:				
I certify that, pursuant to the Kans owner(s) of the land upon which th CP-1 that I am filing in connection to form; and 3) my operator name, ad-	e subject well is or will be i with this form: 2) if the form	being filed is a Form C-1 or Form Ci		
		acknowledge that, because I have no wner(s). To mitigate the additional o g fee, payable to the KCC, which is e		
If choosing the second option, submit pays form and the associated Form C-1, Form C	nent of the \$30.00 handling CB-1, Form T-1, or Form CP) fee with this form. If the fee is not i -1 will be returned.	received with this form, the KSONA-	
TOTAL THE ASSOCIATED TOTAL OFF, TOTAL				
I hereby certify that the statements made h	erein are true and correct t	o the best of my knowledge and beli	ef.	
	m mich	to the best of my knowledge and beli act <i>McNutty</i> Title	Regional Land Manager	

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

AP#: 15055006000000	Lease Name:	BROWN	
	-		
Owner Name: TRI-STATE GE Address: PO BOX 33695		ANSMISSION	ASSOC INC
City: DENVER	State:	CO Zip:	80233-0695
Owner Name:			
Address:			
City:	State:	Zip	:
Owner Name:			
Address:			
City:	State	: Zip	:
Owner Name:			
Address:			
City:	State	: Zip) :
Owner Name: Address:			
City:	State	e: Zi _l	p:

BROWN

RECEIVED KANSAS CORPORATION COMMISSION

Well #: _4

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS