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:	tied 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.: 221764			
Gas Gathering System:	Lease Name: CLARA BELL UT			
Saltwater Disposal Well - Permit No.:	. NE sec. 8 Two. 31 R. 35W TEXW			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T031S - R035W: SEC 008 E2 NE4, W2 NE4, E2 NW4, W2 NW4, SW4, SE4			
Entire Project: Yes No	J,			
Number of Injection Wells**	County: Stevens Production Zone(s): CHASE			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	teet 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 Drilling			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE			
Past Operator's License No.	Phone: 713-431-1182 RECEIVED RECEIVED KANSAS CORPORATION COMMISSION			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	05/24/2043			
P. O. BOX 4358, HOUSTON, TX 77210-4358	JUN 1 8 2013			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole 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: WGP-KHC LLC			
	05/94/9049			
OKLAHOMA CITY, OK 73102	Vale.			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporation	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
is acknowledged as	is acknowledged as			
the new operator and may continue to inject fluids as authorized by	and the second s			
Permit No.: Recommended action:	permitted by No.:			
Permit No.: Necuminational action:				
Date	Date:			
Date:	Authorized Signature			
DISTRICT EPR	PRODUCTION 8.1.13 uic 8-1-13			
Mail to: Past Operator New Oper	rator District			

Side Two

Must Be Filed For All Wells

	July 1	Must Be i	Filed For All Wells		
KDOR Lease	e No.:			. 14	
Lease Name	CLAPA RELL UT		Location: 8 3	31 35W NE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-4	15189221400000	1250FNL	1985FEL	GAS	ACTIVE
		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		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNI	FEL/FWL		
		FSL/FNI	FEL/FWL		
		FSL/FN	L FEL/FWI		
		FSL/FN	LFEL/FWI		
		FSUFN	L FEL/FWI	L	
		FSL/FN	LFEL/FWI	Name to the Association of the A	
		FSL/FN	LFEL/FW	L	
		FSUFN	LFEL/FW	L	
····		FSL/FN	ilFel/FW	L	RECEIVED KANSAS CORPORATION COMMISSION

___ FEL/FWL

_____FEL/FWL _

FSL/FNL _

_FSL/FNL _

JUN 1 8 2013

CONSERVATION DIVISION 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.

DPERATOR: License # 5208	Well Location:		
Jame: EXXONMOBIL OIL CORPORATION	NE_Sec.8 Twp.31 S. R.35 EastX West		
ddress 1: P. O. BOX 4358	County: Stevens		
ddress 2:	Lease Name: CLARA BELL UT Well #: 1-4		
ity: HOUSTON State: TX Zip: 77210 ++ 4358	TOOLO DOSTAL SEC ONS E2 NEA W2 NEA E2 NW4. W2		
Phone: (713 431-1859 Fax: (713 431-1475			
mail Address: adam.e.scott@exxonmobil.com			
Surface Owner Information:	at on the same and additions of		
lame: See Attached			
	aumor information can be found in the records of the register or geeus for the		
	the state and a state managery toy records of the COUNTY TRANSLERS.		
ddress 2:	county, and in the real estate property tax records of the county treasurer.		
Oldy: State: Zip:+ State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (C	county, and in the real estate property tax records of the county treasurer. Cathodic Protection Borehole Intent), you must supply the surface owners and charles the testing pipelines, and electrical lines. The locations shown on the plat		
Address 2: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cithe KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enter	county, and in the real estate property tax records of the county treasurer. ——————————————————————————————————		
State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (Che KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested to the following:	Cathodic Protection Borehole Intent), you must supply the surface owners and it tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Ticle Act (House Bill 2032), I have provided the following to the surface is be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (Che KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested to the following:	Cathodic Protection Borehole Intent), you must supply the surface owners and it tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Ticle Act (House Bill 2032), I have provided the following to the surface is be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cithe KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested to the following: Certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or with CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner (KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 has	Cathodic Protection Borehole Intent), you must supply the surface owners and it, tank batteries, pipelines, and electrical lines. The locations shown on the plat ared on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Take Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. S). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this indiing fee, payable to the KCC, which is enclosed with this form, the KSONA-1 adding fee with this form.		
the KCC with a plat showing the predicted locations of lease rodus are preliminary non-binding estimates. The locations may be enterested one of the following: X I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or with CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner(KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 has	Cathodic Protection Borehole Intent), you must supply the surface owners and it tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Title Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. S). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this indiing fee, payable to the KCC, which is enclosed with this form, the KSONA-1 in CP-1 will be returned.		

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

JUN 1 8 2013

Surface Owners

API#:	15189221400000	_ Lease Name: _	CLARA BELL	UT	Well #: _14
Owr	ner Name: LAHEY, THOM	AS L LIV TR & PATE	RICIA ETAL		
	Address: 2711 ROAD Z				
	City: MOSCOW	State:	KS Zip:	67952-5246	
Ow	ner Name:				
	Address:				
	City:	State:	Zip	:	
Ow	mer Name:				
	Address:				
	City:	State	: Zip	:	
Ow	vner Name: Address:				
	City:	State	: Zip):	
•					
Ow	vner Name: Address:				
	City:	State	e: Ziş) :	

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