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:	airo wan dur atua. I			
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.: 221367			
Gas Gathering System:	Lease Name: _ERWIN			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T035S - R037W: SEC 010 SE4, SW4, NW4, NE4			
Entire Project: Yes No				
Number of injection Wells **	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. If Drill Pit, WO or Hatal)	leet from N / S Line of Section feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover			
Past Operator's License No	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone:713-431-1182 RECEIVED Date:05/31/2013 RANGAS CORPORATION COMMISSIO			
P. O. BOX 4358, HOUSTON, TX 77210-4358				
RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Total to Control of the Control of t			
Title:	Signature: Andrew D. Cole JUN 1 8 2013			
	CONSERVATION DIVISION			
New Operator's License No	Contact Person: BRENDA WALLER WICHITA, KS			
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	Dale: 05/31/2013			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly 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.:			
Data	Date:			
Date: Authorized Signature / /	Authorized Signature			
DISTRICT EPR	8 / /2 5 1 2			
USTRICI EPHEPH	PRODUCTION 8.1.13 UIC 8-1-13			

Side Two

7

Must Be Filed For All Wells

Lease Name	: ERWIN		* Location: 1	0 35 37 W NW	
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/Abendoned)
1-2 INF	15189221010000	1250FNL	1250FWL	GAS	ACTIVE
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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			——— FEL/FWL	-KA	VSA S CORPORATION COMMISSI O
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL	· · · · · · · · · · · · · · · · · · ·	JUN 1 8 2013
sonemto sho	at may be attached if necessary	FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS

^{*} 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 CORPORATION				
Address 1: P. O. BOX 4358	County: Stevens			
Address 2:				
City: HOUSTON State: TX Zip: 77210 + 4358				
Contact Person: ADAM SCOTT	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (713 431-1859 Fax: (713 431-1475	T0358 - R037W: SEC 010 SE4, SW4, NW4, NE4			
Email Address: adam.e.scott@exxonmobil.com	-			
Surface Owner Information:				
Name: See Attached				
Address 1:	andrea with different with the set of the se			
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+				
Select one of the following:	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
Owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CI	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CF hereby certify that the statements made herein are true and correct	P-1 will be returned.			
hereby certify that the statements made herein are true and correct	P-1 will be returned.			

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

JUN 1 8 2013

Surface Owners

AP#: 15189221010000

Lease Name: **ERWIN** Owner Name: S & G MANAGEMENT TR, GEORGE C MUELLICH TTEE Address: 9210 VILLAGE DR City: SAN ANTONIO State: TX **Zip:** 78217-3425 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip:

> RECEIVED KANSAS CORPORATION COMMISSION

Well #: 1-2 INF

JUN 1 8 2013