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:	7/1/2013
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 208428
Gas Gathering System:	Lease Name: FOSTER A
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from E / W Line	T031S - R034W: SEC 019 E2 NW4, E2 SW4, E2 (NWNW)
Enhanced Recovery Project Permit No.:	(SWNW) (NWSW) (SWSW)
Entire Project: Yes No	
Number of Injection Wells***	County: Seward
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COMMINGLE CHASE/COUNCIL GR
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	leet from N / S Line of Section feet from E / W Line of Section
Type of Pit: Emergency Bum Settling	Haul-Off Workover OQ Drilling
Past Operator's License No5209-	Contact Person: LAURIE KILBRIDE KCC WICHITA
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4368, HOUSTON, TX 77210-4358	Date: 05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole RECEIVED
New Operator's License No32864 √	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
210 PARR AVENUE, SUITE 2360	
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas (?. 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.:
	Doub.
Date:	Date:
· • • · · · · · · · · · · · · · · ·	PRODUCTION 8.6.13 UIC 8-6-13
Meil to: Past Operator New Operat	

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

Side Two

Must Be Flied For All Wells

Lease Name	FOSTER A		Location: 19	31 34WHW	
Well No.	API No. (YR DRLD/PRE '67) 15175207660001	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
A12		3960FSL	3960FEL	GAS	ACTIVE
		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		
		FSL/FNL	FEL/FWL	Section 1.	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	BANK CONTRACTOR OF THE PROPERTY OF THE PROPERT	
		FSL/FNL	FEL/FWL		KCC WICHITA
,,		FSL/FNL	FEL/FWL		_
	-	FSL/FNL	FEL/FWL		JUN 1 8 2013
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

__ FSL/FNL ______ FEL/FWL _

A separate sheet may be attached if necessary

^{*} 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	Well Location:			
Name: EXXONMOBIL OIL CORPORATION	NW Sec. 19 Twp.31 S. R.34 EastX West			
Address 1: P. O. BOX 4358	County: Seward			
Address 2:	Lease Name; FOSTER A Well #: A1-2			
City: HOUSTON State: TX Zip: 77210 + 4358	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
•	the lease helow:			
Contact Person: ADAM SCOTT Phone: (713 431-1 59 Fax: (713 431-1475	T031S - R034W: SEC 019 E2 NW4, E2 SW4, E2 (NWNW) (SWNW) (NWSW) (SWSW)			
Email Address: adam.e.scott@exxonmobil.com	(23333), (23323),			
Surface Owner Information:				
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the			
Address 1:				
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+				
CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, ar	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	ner(s). To mitigate the additional cost of the KCC performing this			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1				
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	I will be returned. the best of my knowledge and belief.			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief. Posional Land Manager			

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

RECEIVED

Surface Owners

AP#:	15175207660001	Lease Name: _	FOSTE	ER A		Well #: <u>A1-2</u>
Own	ner Name: ROONEY, JUD	ITH R LE: ET AL				
	Address: BOX 250					
	City: SATANTA	State:	KS	Zip:	67870	
Owi	ner Name: Address:					
	City:	State:		Zip:		
Owi	ner Name: Address:					
	City:	State:		Zip:		
Own	ner Name: Address:					
	City:	State:		Zip:		
Owr	ner Name: Address:					
	City:	State:		Zip:		

JUN 18 2013
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