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.

Cueck Applicable Roxes:	MICHEL WILL CINE APTIC.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 208256
Gas Gathering System:	Lease Name: _GARNER
Saltwater Disposal Well • Permit No.:	
Spot Location: feet from N / S Line	<u> </u>
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T033S - R039W: SEC 007 SE4, NE4 SEC 018 E2
Entire Project: Yes No	
Number of Injection Wells **	County: Morton
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE
** 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
Type of Pit: Emergency Burn Settling	Haul-Off Workover og Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KANSAS CORPORATION COMMISSIO
P. O. BOX 4358, HOUSTON, TX 77210-4358	
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: 05/31/2013 JUN 1 8 2013
	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS
New Operator's License No	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
OKLAHOMA CITY, OK 73102	Dale: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
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.:
Date	Date
Date:	Date:
DISTRICT EPR 8/14//3	PRODUCTION 8.15.13 UIC 8-15-13
Mail to: Past Operator New Operat	

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

Side Two

1

Must Be Filed For All Wells

Lease Name:	GARNER	* Location: 18 33 39W/VE				
Well No.	API No. (YR DRLD/PRE *67)	Foolage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oi/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned	
12	15129201340000	5114FSL	1114FEL	GAS	TA'd	
						
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL			
<u> </u>		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	_	10 01000	JUN 1 8 2013	
		FSL/FNL .	FEL/FWL _		CONSERVATION DIVISION	

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.

Select the corresponding form being filed: C-1 (litent)	CB-1 (Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #5208	
Name: EXXONMOBIL OIL CORPORATION	
Address 1:P. O. BOX 4358	TOSEX MASS
Address 2:	
City: HOUSTON State: TX Zip: 77210 ++	4070
Contact Person: ADAM SCOTT	4308 If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: (713 431-1850 Fax: (713 431-1475	
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	14 Brown Ellinson of Franchiston
Address 1:	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	
City: State: Zip:+ _	and an interior estate property day records of the county freasurer.
are preminitary non-binding estimates. The locations may be Select one of the following:	-1 (Cambdic Protection Borehole Intent), you must supply the surface owners and loads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone num I have not provided this information to the surface own KCC will be required to send this information to the stask, I acknowledge that I am being charged a \$30.00	ner(s). I acknowledge that, because I have not provided this information, the urface owner(s). To mitigate the additional cost of the KCC performing this handling fee, payable to the KCC, which is enclosed with this form.
f choosing the second option, submit payment of the \$30.00 orm and the associated Form C-1, Form CB-1, Form T-1, or I	handling fee with this form. If the fee is not received with this form, the KSONA-1 Form CP-1 will be returned.
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 Operator or Agent: 7	R. Michael McNulty Regional Land Manager
API # :15129201340000 KDOR	#208256 RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

Surface Owners

API#: 15129201340000

AFI#. 15129201340000	Lease Name: _	GARNER		Well #: <u>1-2</u>	
Owner Name, KALLENDA	ACH DAVIES & DAVI	_			
Owner Name: KALLENBA Address: P O BOX 3		=			
City: ROLLA	State:	KS Zip:	67954-0307		
Owner Name: Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			
Owner Name:					
Address: City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			

___ Lease Name: __GARNER

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS