KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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,

Form KSONA-1, Certification of Compliance Will MUST be submitte	d with this form.
Check Applicable Boxes:	Effective Date of Transfer: 7/1/2013
Oil Lease: No. of Oil Wells**	
Gas Lease: No. of Gas Wells	V2 Dehr Ot League Force Law.
Gas Gathering System:	Lease Name: GOERTZ
Saltwater Disposal Well - Permit No.:	SW Sec. 28 Twp. 26 R. 37W EXW
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from	T026S - R037W: SEC 028 All
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	
Number of Injection Wells**	County: Kearny
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
" Side Two Must Be Completed.	Injection Zone(s):
	leet from N / S Line ol Section
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	
point.	Processing Annual Control of the Con
Type of Pit: Emergency Burn Settling	Haul-Off Workover 6 Q Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED KANSAS CORPORATION COMMISSION
Past Operator's License No.	Phone: 713-431-1182
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	JUN 1 8 2013
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date:
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole WICHITA, KS
New Operator's License No32864 V	Contact Person: BRENDA WALLER
XTO ENERGY INC.	Phone: 405-319-3259
New Operator's Name & Address: XTO ENERGY INC.	Oil / Gas Purchaser: ONEOK FIELD SERVICES
210 PARK AVENUE, SUITE 2350	
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been
noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	above injection well(s) or pit permit.
	:
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:	
DISTRICT EPR _8//2//3	PRODUCTION 8.14.13 UIC 8-13-13
Mail to: Past Operator New Opera	IOI DISHIFC

Side Two

6

Must Be Filed For All Wells

KDOR Lease	COERTZ		* Location: 28 26 37WSW			
Lease Name:	GUERIA		Location			
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
A1	15093005660000 /	2310FSL	2970FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		F\$L/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	_	FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNI	FEL/FWL			
		FSL/FNI	FEL/FWL		_	
		FSL/FNI	FEL/FWL			
	_	FSL/FNI	FEL/FWL			
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		FSUFN	L FEL/FWL			
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		FSL/FN	LFEL/FWL			
		FSL/FN	LFEL/FWL		RECEIVED KANSAS CORPORATION COMMISSION	
		FSL/FN	LFEL/FWI		JUN 1 8 2013	
		FSUFN	LFEL/FWI		CONSERVATION DIVISION	
		FSL/FN	LFEL/FWI		WICHITA, KS	

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 háy 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.

	Well Location:
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION	SW 28 - 26 0 0 37 Cast X Minst
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	and the second of the second o
	COEPTZ 16/0II W. A1
Address 2:State:Zip:Z	
Contact Person: ADAM SCOTT	the lease below:
Phone: (713 431- 18 50 Fax: (713 43	-1475 T026S - R037W: SEC 028 All
Email Address: adam.e.scott@exxonmobil.com	
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
Address 1:	awner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:	+
Select one of the following:	s may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
	ce Owner Notice Act (House Bill 2032), I have provided the following to the surface t well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this one number, fax, and email address.
VCC will be required to send this informati	iface owner(s). I acknowledge that, because I have not provided this information, the on to the surface owner(s). To mitigate the additional cost of the KCC performing this if a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.
task, I acknowledge that I am being charge	
task, I acknowledge that I am being charge	ne \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 m T-1, or Form CP-1 will be returned.
task, I acknowledge that I am being charge If choosing the second option, submit payment of form and the associated Form C-1, Form CB-1, Fo	ne \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 in T-1, or Form CP-1 will be returned. It true and correct to the best of my knowledge and belief.
task, I acknowledge that I am being charge If choosing the second option, submit payment of form and the associated Form C-1, Form CB-1, Fo	e true and correct to the best of my knowledge and belief. **Regional Land Manager**

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

JUN 1 8 2013

Surface Owners

API#: 15093005660000	Lease Nar	ne: GOER	RTZ	Well #: <u>A1</u>
Owner Name: THOMF	PSON, KEITH ETAL			
	D FRM ESTATE APT	В		
			07500	
City: HUTCH	IINSON	State: KS	Zip : 67502	
Owner Name:				
Address:				
City:		State:	Zip:	
•				
a Name				
Owner Name: Address:				
City:		State:	Zip:	
Owner Name: Address:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
014		State:	Zip:	
City:				

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS