KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filed

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compilance with the Kansas Surface Owner Notification Act.

MUST be submitted with this form. Check Applicable Boxas: Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells 208438 KS Dept of Revenue Lease No.: Gas Gathering System:. Lease Name: GOERTZ Saltwater Disposal Well - Permit No.: 28 Twp. 26 R. 37W FEXW _ feet from N/ S Line Legal Description of Lease: __feet from F / W Line 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): COUNCIL GROVE ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: , teet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Burn Settlina Haul-Off Workover O Ø □ Drilling Emergency 5208 **LAURIE KILBRIDE** Past Operator's License No. _ Contact Person: _ Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: ____Andrew D. Cole RECEIVED KANSAS CORPORATION COMMISSION 32864 **BRENDA WALLER** Contact Person: . New Operator's License No. -JUN 1-8-2013 New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 CONSERVATION DIVISION 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES WICHITA, KS 05/31/2013 OKLAHOMA CITY, OK 73102 Date:_ Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultre Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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.: ___ Authorized Signature Authorized Signature

New Operator

DISTRICT.

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

| Lease Name: | GOERTZ | | Location: 28 | Location: 28 26 37WSW | | |
|-------------|--|---|--------------|-----------------------------------|--|--|
| 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 | |
| A12 | 15093200830000 | 1250FSL | 1350FEL | GAS | ACTIVE | |
| | | | | - | | |
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A separate sheet may be attached if necessary

CONSERVATION DIVISION
* 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 lease please file a separate side two for each lease. 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.

| 5208 | | | | | |
|--|--|---|--|--|--|
| OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION | | ocation:SW_Sec.28Twp.26S. R.37Eas(X)West | | | |
| Address 1: P. O. BOX 4358 | | Kearny | | | |
| Address 2: | • | Name: GOERTZ Well #: A12 | | | |
| City: HOUSTON State: TX | Zip: | a Form T-1 for multiple wells on a lease, enter the legal description of | | | |
| Contact Person: ADAM SCOTT Phone: (713 431- 1854 Fax: (713 431-1475 | | the lease below: | | | |
| | | T026S - R037W: SEC 028 All | | | |
| Email Address: adam.e.scott@exxonmobil | l.com | | | | |
| Surface Owner Information: | | | | | |
| Name: See Attached | When | lling a Form T-1 involving multiple surface owners, attach an additional | | | |
| Address 1: | owner | isting all of the information to the left for each surface owner. Surface 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: X I certify that, pursuant to the Kans | sas Surface Owner Notice Act (House | C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Bill 2032), I have provided the following to the surface | | | |
| CP-1 that I am filing in connection | | a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this ddress. | | | |
| KCC will be required to send this i | information to the surface owner(s). To | e that, because I have not provided this information, the mitigate the additional cost of the KCC performing this ble to the KCC, which is enclosed with this form. | | | |
| If choosing the second option, submit pay form and the associated Form C-1, Form C | | nis form. If the fee is not received with this form, the KSONA-1 nturned. | | | |
| I hereby certify that the statements made it | nerein are true and correct to the best of | of my knowledge and belief. | | | |
| Date: 6/15/2013 Signature of Ope | erator or Agent: <i>M. Michael McNulty</i> | Title: Regional Land Manager | | | |
| API # :15093200830000 | KDOR #208438 | RECEIVED KANSAS CORPORATION COMMISSION | | | |

JUN 1 8 2013

Surface Owners

API#: 15093200830000

| | | | Jel V J |
|---------------------------------|-----------|-------------------|---------|
| Owner Name: THOMPSON, KEITH ETA | NL | | |
| Address: 807 OLD FRM ESTATE A | PT B | | |
| City: HUTCHINSON | State: KS | Zip: 67503 | |
| Owner Name: Address: City: | State: | Zip: | |
| Owner Name: Address: City: | State: | Zip: | |
| Owner Name: | | | |
| Address: City: | State: | Zip: | |
| Owner Name: Address: | | | |
| City: | State: | Zip: | |

GOERTZ

Lease Name:

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Well #: A1-2

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS