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: Gas Lease: No. of Gas Wells 201790 KS Dept of Revenue Lease No.: Gas Gathering System:_ Lease Name: HAYWARD Saltwater Disposal Well - Permit No.: 9 _Twp. . __feet from N/ N / S Line Legal Description of Lease: _ feet from 🔲 E / 🔲 W Line T034S - R039W: SEC 008 E2 SEC 009 SW4 SEC 017 NW4 Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells County: Morton Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):___ ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: . lest from N / S Line of Section (API No. If Drill Pit, WO or Haul) leet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover / Drilling Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: ___05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** RECEIVED Signature: Andrew D. Cole KANSAS CORPORATION COMMISSION IUN 1 8 2013 **BRENDA WALLER** New Operator's License No. . Contact Person: . **CONSERVATION DIVISION** New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 WICHITA, KS 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES 05/31/2013 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze 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 _____ . Recommended action: Permit No.: permitted by No.: __ Date: Authorized Signature Authorized Signature DISTRICT -PRODUCTION . Mail to: Past Operator_ **New Operator**

Side Two

		Must Be	Filed For All Wells			
KDOR Leas	se No.: 201790					
* Lease Name: HAYWARD			Location: 9 34 39WSW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15129003450000 /	1320FSL	3960FEL	GAS	ACTIVE	
		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			
	1979/164	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
tel erittettettettikki kilologi ellekterassa anternassa		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
Mark 1 and and 10 mark		FSL/FNL	FEL/FWL			
	_	FSL/FNL	FEL/FWL			
	_	FSL/FNL	FEL/FWL			
*		FSL/FNL	FEL/FWL	KANS	AS CORPORATION COMMISSION	
		ESI (ENI	EEL/EWI		JUN 1 8 2013	

A separate sheet may be attached if necessary

_FEL/FWL

_ FEL/FWL

CONSERVATION DIVISION

WICHITA, KS

FSL/FNL

FSL/FNL _

^{*} 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:	-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #5208	Well Location:
Name: EXXONMOBIL OIL CORPORATION	
Address 1:P. O. BOX 4358	
Address 2:	•
City: HOUSTON State: TX Zip:	
Contact Person: ADAM SCOTT	the lense below:
Phone: (713 431-1854 Fax: (713 4	1-1475 T034S - R039W: SEC 008 E2 SEC 009 SW4 SEC 017 NW4
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form 1.1 involving multiple surface owners, attach an additional
Address 1:	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 2:	
City: State: Zip:	+
are preliminary non-binding estimates. The location Select one of the following:	of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat is may be entered 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 subje	ce Owner Notice Act (House Bill 2032), I have provided the following to the surface it 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 none number, fax, and email address.
KCC will be required to send this informati	urface 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.
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 m T-1, or Form CP-1 will be returned.
I hereby certify that the statements made herein ar	true and correct to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or A	gent:
API # :15129003450000	KDOR #201790 RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

Surface Owners

API#:_	15129003450000	Lease Name: _	HAYWARD		Well #: 1
	er Name: ELKHART FORE Address: P O BOX 300	ST SERVICE			
	City: ELKHART	State:	KS Zip:	67950-0300	
	er Name: Address:				
	City:	State:	Zip	•	
	er Name: Address:				
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013