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 Kanses Surface Owner Notification Act,
MUST be submitted with this form.

| Check Applicable Boxes: | 7/4/0040 | | | |
|--|--|--|--|--|
| 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.: 220587 V Lease Name: J A PORTER | | | |
| Gas Gathering System: | | | | |
| Saltwater Disposal Well - Permit No.: | | | | |
| Spot Location: feet from N / S Line | Legal Description of Lease: | | | |
| feet from E / W Line | T032S - R037W: SEC 009 SE4 SEC 010 W2, NE4 | | | |
| Enhanced Recovery Project Permit No.: | 10323 - R031W. SEC 009 SE4 SEC 010 W2, NE4 | | | |
| Entire Project: Yes No | | | | |
| Number of Injection Wells ** | County: Stevens | | | |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE | Production Zone(s): CHASE | | | |
| ** Side Two Must Be Completed. | Injection Zone(s): | | | |
| Surface Pit Permit No.:(AP! No. If Drill Pit, WO or Haul) | | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling | | | |
| Past Operator's License No. 5208 | Contact Person: LAURIE KILBRIDE RECEIVED | | | |
| | Phone: 713-431-1182 | | | |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION | IIIN 1 8 2013 | | | |
| P. O. BOX 4358, HOUSTON, TX 77210-4358 | Date: 09/31/2013 | | | |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT | Signature: Andrew D. Colc CONSERVATION DIVISION WICHITA, KS | | | |
| New Operator's License No. 32864 V | Contact Person: BRENDA WALLER | | | |
| | AGE 240.2250 | | | |
| New Operator's Name & Address: XTO ENERGY INC. | Phone: | | | |
| 210 PARK AVENUE, SUITE 2350 | Oil / Gas Purchaser: ONEOK FIELD SERVICES | | | |
| 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 a noted, approved and duty 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.: | permitted by No.: | | | |
| | Parts. | | | |
| Date: | Date: | | | |
| | PRODUCTION 8 · 7 · 13 uic 8 - 17-13 | | | |
| 1 | or District | | | |

Side Two

Must Be Filed For All Wells

| Lease Name: | J A PORTER | | Location: 10 | 32 37W NE | |
|-------------|------------------------------|-------------------------------------|--|-----------|--------------------------------------|
| Well No. | API No. (YR DRLD/PRE '67) | Footage from (i.e. FSL = Feet fi | Footage from Section Line (i.e. FSL = Feet from South Line) | | Well Status (PROD/TA'D/Abandoned) |
| | | 1250FNL | 1250FEL | GAS | ACTIVE |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| A+V. | | FSL/FNL | FELFWL | | |
| | | FSL/FNL | FELFWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
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| | | FSL/FNL | | | |
| | | FSUFNL | | KAN | RECEIVED USAS CORPORATION COMMISSION |
| | | FSL/FNL | | | JUN 1 8 2013 |
| | | FSUFNL | | | CONSERVATION DIVISION 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 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: | Well Location: | | | |
|---|--|---|--|--|--|
| Name: EXXONMOBIL OIL CORPORATION | N | NE Sec. 10 Twp.32 S. R. 37 Eas X West | | | |
| Address 1: P. O. BOX 4358 | | | | | |
| Address 2: | | JA PORTER Well #: 1-4 | | | |
| City: HOUSTON State: TX | | n T-1 for multiple wells on a lease, enter the legal description of | | | |
| Contact Person: ADAM SCOTT | | the lease below: T032S - R037W: SEC 009 SE4 SEC 010 W2, NE4 | | | |
| Phone: (713 431-1859 Fax: (| | | | | |
| Email Address: <u>adam.e.scott@exxonmob</u> l | il.com | | | | |
| Surface Owner Information: | | | | | |
| Name: See Attached | When filing a | When filing a Form T.1 involving multiple surface owners, attach an additional | | | |
| Address 1: | owner informa | If of the information to the left for each surface owner. Surface tition 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: | nnan Sudana Ouwar Nation Act (House Rill) | 032) I have provided the following to the surface | | | |
| owner(s) of the land upon which to CP-1 that I am filing in connection | the subject well is or will be located: 1) a copy | 032), I have provided the following to the surface y of the Form C-1, Form CB-1, Form T-1, or Form orm C-1 or Form CB-1, the plat(s) required by this s. | | | |
| KCC will be required to send this | on to the surface owner(s). I acknowledge that information to the surface owner(s). To mitiging charged a \$30.00 handling fee, payable to t | t, because I have not provided this information, the ate the additional cost of the KCC performing this the KCC, which is enclosed with this form. | | | |
| If choosing the second option, submit pay form and the associated Form C-1, Form | yment of the \$30.00 handling fee with this form CB-1, Form T-1, or Form CP-1 will be returned | m. If the fee is not received with this form, the KSONA-1 d. | | | |
| | | | | | |
| I hereby certify that the statements made | herein are true and correct to the best of my k | knowledge and belief. | | | |
| I hereby certify that the statements made Date: 6/15/2013 Signature of Op | W Willand W. Chalden | knowledge and belief. Title: Regional Land Manager | | | |

02

JUN 1 8 2013

Surface Owners

| API#: 1518921 | 9730001 | Lease Name: _ | J A POF | RTER | | Well #: <u>14</u> |
|-------------------------|-----------------|----------------|---------|------|-------|-------------------|
| | | | | | | |
| Owner Name: | FENCELINE FAR | MS LLC | | | | |
| | ATTN; OBRIEN, S | | | | | |
| Address. | 4811 A HARDWAR | RE DR NE STE 1 | | | | |
| City: | ALBUQUERQUE | States | : NM | Zip: | 87109 | |
| | | | | | | |
| Owner Name: | : | | | | | |
| Address: | : | | | | | |
| City: | | State: | | Zip: | | |
| | | | | - | | |
| | | | | | | |
| _ | | | | | | |
| Owner Name: Address: | | | | | | |
| Address: | i | | | | | |
| City | : | State | : | Zip: | | |
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| | | | | | | |
| Owner Name: | | | | | | |
| Address: | | | | | | |
| City: | | State | • | Zip: | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| Owner Name: Address: | | | | | | |
| | - | | | | | |
| City: | | State | : | Zip: | | |
| | | | | | | |

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS