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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

March 2010 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:** Effective Date of Transfer: _____7/1/2013 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells 219842 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: JOHNSON Saltwater Disposal Well - Permit No.: _ NWsec. 33 Twp. 26 R. 37W EXW feet from N / S Line

feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T026S - R037W: SEC 033 AII
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):
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 OF Drilling
Past Operator's License No	Contact Person:LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole
New Operator's License No. 32864 V. New Operator's Name & Address: XTO ENERGY INC.	Contact Person: BRENDA WALLER KANSAS CORPORATION COMMISSION Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	JUN 1 0 20W
OKLAHOMA CITY, OK 73102	Oil / Gas Purchaser: CONSERVATION DIVISION Date: 05/31/2013 WICHITA, KS
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
•	authorization, surface pit permit #has been Commission. This acknowledgment of transfer pertains to Kansas Corporation 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:
Authorized Signature	Authorized Signature
DISTRICT EPR	PRODUCTION 8.16.13 UIC 8-16-13
Mail to: Past Operator New Operator	or District

Side Two

Must Be Flied For All Wells

KDOR Lease Lease Name	IGUNICON	* Location: 33 26 37W NW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Section Line	Type of Well (Ol/Gas/NJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
A3 INF	15093213900001	1250FNL	1250FWL	GAS	ACTIVE	
		FSUFNL	FEUFWL			
		FSL/FNL	FEL/FWL		-	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	The same of the sa		
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEUFWL			
	-	FSL/FNL	FEL/FWL			
· Wanan V · · · · · · · ·		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
errore and the second		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEL/FWL			
. ,		FSL/FNL	FEL/F W L			
		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL	FEL/FWL		KANSAS CORPORATION COMMISS	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	

_ FEL/FWL

_FSL/FNL _

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	A1			
		NW Sec. 33 Twp.26 S. R. 37 Eas X West			
Address 1: P. O. BOX 4358		rny			
Address 2:		Lease Name: JOHNSON Well #: A3 INF			
city: HOUSTON State: TX	Zip: 77210 + 4358 It filing a Fort	m T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease bel	the lease below:			
Phone: { 713 431-1854 Fa	ox: (713 431-1475 T0268 - R03	7W: SEC 033 All			
mail Address: adam.e.scott@exxonn	nobil.com				
Surface Owner Information:					
lame: See Attached	When filing a	Form T-1 involving multiple surface owners, attach an additional			
ddress 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			
ddress 2:		the real estate property tax records of the county treasurer.			
City: State:	Zip:+				
owner(s) of the land upon which	ch the subject well is or will be located: 1) a cop	2032), I have provided the following to the surface by of the Form C-1, Form CB-1, Form T-1, or Form Form C-1 or Form CB-1, the plat(s) required by this			
	e, address, phone number, fax, and email addres				
KCC will be required to send t		t, because I have not provided this information, the pate the additional cost of the KCC performing this the KCC, which is enclosed with this form.			
	payment of the \$30.00 handling fee with this for rm CB-1, Form T-1, or Form CP-1 will be returne	m. If the fee is not received with this form, the KSONA-1 ad.			
hereby certify that the statements ma	de herein are true and correct to the best of my l	knowledge and belief.			
2447/2242	M. Michael McNulty	Degional Land Manager			
Date: <u>6/15/2013</u> Signature of	Operator or Agent:	Title: Regional Land Manager			

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 15093213900001

Lease Name:

JOHNSON

\PI#:_	15093213900001	Lease Name: _	JOH	NSON		 Well #: A3 INF	
Owne	er Name: THOMPSON, KE	ITH ETAL					
	Address: 806 OLD FARM E	STATE APT B					
	City: HUTCHINSON	State:	KS	Zip:	67502		
	er Name: FAISON, JOHN J Address: 120 S BEACH DR						
	City: ST. AUGUSTINE	State:	FL	Zip:	32084		
-	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

CONSERVATION DIVISION WICHITA, KS