KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 Merch 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,

Check Applicable Boxes:	7/1/2013 /~
Oil Lease: No. of Oil Wells"	Effective Date of Transfer:
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 202080
Gas Gathering System:	Lease Name:JOHNSON
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T026S - R037W: SEC 033 All
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. If Drill Pit, WO or Haul)	feet from N / S Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover 🕥 🛴 Drilling
	Contact Parson LAURIE KILBRIDE DEGENER
Past Operator's License No	KANSAS CORPORATION COMMISSION
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Audrew D. Cole CONSERVATION DIVISION</u> WICHITA, KS
New Operator's License No	Contact Person:BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
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 G. Schultze</u>
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly 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.: Recommended action:	permitted by No.:
	Detail
Date:	Dale:
	PRODUCTION 8:14-13 UIC 8-13-13
Mail to: Past Operator New Operator	or District

Side Two

Must Be Filed For All Wells

	√
KDOR Lease No.: _	202080

* Lease Name:	JOHNSON	Location: 33 26 37WSE					
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Section Line rom South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
A1		2310FSL	2310FEL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/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		_		
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	No. of Contract of			
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
4,186		FSL/FNL	FEU/FWL		RECEIVED		
		FSL/FNL	FEL/FWL	K	ANSAS CORPORATION COMMISSION		
	**************************************	FSL/FNL	FEL/FWL	Western William Co.	JUN 1 8 2013		
		ESI ÆNI	FEL/FWI		CONSERVATION DIVISION WICHITALKS		

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.

Select the corresponding form being fi	led: C-1 (Intent) CB-1 (Cathodic Protection Boxehole	Intent) XII-1 (Transfer) CP-1 (Plugging Application)				
£209	Mall continu					
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION	Well Location:	Sec. 33 Twp.26 S. R. 37 Eas X West				
Name: EXXONMOBIL DIE CORPORATIO	Transporter (active) (CCC) (CC					
Address 2:	<u> </u>	ISON Well #: A1				
Cay: HOUSTON State: TX		or multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT	the leses habour					
Phone: (713 431-1859 Fax:	713 431-1475 T026S - R037W: S	EC 033 All				
Email Address: adam.e.scott@exxonmo						
Surface Owner Information:						
Name: See Attached	When filing a Form	I-1 involving multiple surface owners, attach an additional				
Address 1:	sheet listing all of the support information of	ie information to the left for each surface owner. Surface an be found in the records of the register of deeds for the				
Address 2:	county and in the to	al estate property tax records of the county freasurer.				
City:State:	Zip:+					
are preliminary non-binding estimates. T Select one of the following:	ed locations of lease roads, tank batteries, pipelines, a The locations may be entered on the Form C-1 plat, F	orm CB-1 plat, or a separate plat may be submitted.				
owner(s) of the land upon which CP-1 that I am filling in connection	ansas Surface Owner Notice Act (House Bill 2032), In the subject well is or will be located: 1) a copy of the In with this form; 2) if the form being filed is a Form (address, phone number, fax, and email address.	ne Form C-1, Form CB-1, Form T-1, or Form				
KCC will be required to send thi	ion to the surface owner(s). I acknowledge that, bec is information to the surface owner(s). To mitigate the ing charged a \$30.00 handling fee, payable to the K	e additional cost of the KCC performing this				
If choosing the second option, submit pa form and the associated Form C-1, Form	ayment of the \$30.00 handling fee with this form. If n CB-1, Form T-1, or Form CP-1 will be returned.	the fee is not received with this form, the KSONA-1				
I hereby certify that the statements mad	e herein are true and correct to the best of my know	edge and belief.				
Date: 6/15/2013 Signature of C	Operator or Agent:	Tille: Regional Land Manager				
API # :15093005700000	KDOR #202080	RECEIVED KANSAS CORPORATION COMMISSIO				

JUN 1 8 2013

Surface Owners

API#:	1509300	5700000	Lease Name: _	JOHN	NSON		Well #: <u>A1</u>	
		THOMPSON, KEI						
	Address:	806 OLD FRM ES	TATE APT B					
	City:	HUTCHINSON	State:	KS	Zip:	67502		
	N 1							
	ner Name: Address:							
	Audi 655.	1						
	City:		State:		Zip:			
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	ner Name: Address:							
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	City	:	State	:	Zip:			
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	Address:							
	City:		State:		Zip:			
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Owr	ner Name: Address:							
	City:		State		Zip:			
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RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS