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,

| Check Applicable Boxes: MUST be submit | itted with this form. | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: | | | |
| Gas Lease: No. of Gas Wells | | | | |
| Gas Gathering System: | Lease Name: _ L G BLACKMER | | | |
| 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.: | T031S - R037W: SEC 036 All | | | |
| 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.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling | leet from N / S Line of Sectionleet from E / W Line of Section Haul-Off Workover 60 Drilling | | | |
| 4 | PECEIVED | | | |
| Past Operator's License No. 5208 | Contact Person: LAURIE KILBRIDE KANSAS CORPORATION COMMISSION | | | |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION | Phone: 713-431-1182 JUN 1 8 2013 | | | |
| P. O. BOX 4368, HOUSTON, TX 77210-4358 | 05/31/2013 | | | |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT | CONSERVATION DIVISION Signature: Andrew D. Cole WICHITA, KS | | | |
| New Operator's License No. 32864 | 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: Douglas C. Schultze | | | |
| Acknowledgment of Transfer: The above request for transfer of injection 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 Permit No.: Recommended action: | the new operator of the above named lease containing the surface pit permitted by No.: | | | |
| Data | Date: | | | |
| Date: | Authorized Signature | | | |
| DISTRICT EPR _ 8/6//3 | PRODUCTION 8-7-13 UIC 8-7-13 | | | |
| | tor District | | | |

Side Two

Must Be Filed For All Wells

| KDOR Lease N | io.: | | | | |
|---------------|------------------------------|----------------------------------------------------------------|----------------------------------|-------------------------------------|--|
| * Lease Name: | L G BLACKMER | * Location: | * Location: 36 31 37W.SU | | |
| 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 | |
| | , | | | | |

| 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) | |
|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| 13 | 15189219720001 | 1250FSL | 1250FWL | GAS | ACTIVE | |
| | | FSL/FNL | FEVFWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | • | | |
| | | FSL/FNL | FEL/FWL | | | |
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| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | - | FSL/FNL | FEL/FWL | | | |
| - · · · · · | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
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| | *************************************** | FSL/FNL | FEL/FWL | Marie de la companya | | |
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| No makes to be a design of the second sector of the | | FSL/FNL | THE CONTROL OF THE PROPERTY OF | чение на честот принатили постот статов постот под принатили постот под постот под постот под постот под под постот под | | |
| | | FSL/FNL | FEL/FWL | | | |
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| | | FSL/FNL | FEL/FWL | | JUN 1 8 2013 | |
| | | FSL/FNL | FEL/FWL | | CONSERVATION DIVISION WICHITA, KS | |
| | | FSL/FNL | FEL/FWL | | • | |

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. It 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 (Weil Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

| OPERATOR: License # 5208 | Well Loca | tion: | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | ION | SW Sec. 36 Twp.31 S. R. 37 Eas X West | | | |
| Address 1: P. O. BOX 4358 | County: S | tevens | | | |
| Address 2: | Lease Na | me: L G BLACKMER Well #: 1-3 | | | |
| City: HOUSTON State: TX | Zip: 77210 + 4358 If filing a | Form T-1 for multiple wells on a lease, enter the legal description of | | | |
| Contact Person: ADAM SCOTT | TAAAA | the lease below: T031S - R037W: SEC 036 All | | | |
| Phone: (713 431- 1859 Far | :: { 713 431-1475 | (U3/W: SEC U36 All | | | |
| Email Address: adam.e.scott@exxonm | obil.com | | | | |
| Surface Owner Information: | | | | | |
| Name: See Attached | When filling | g a Form T-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: | county, an | d in the real estate property tax records of the county treasurer. | | | |
| City: State: | Zip:+ | | | | |
| owner(s) of the land upon which CP-1 that I am filing in connecting form; and 3) my operator name I have not provided this information of the land upon which land the land upon which land the land upon which land upon upon upon upon upon upon upon upon | h the subject well is or will be located: 1) a con with this form; 2) if the form being filed is address, phone number, fax, and email addition to the surface owner(s). I acknowledge is information to the surface owner(s). To m | III 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this ress. Ithat, because I have not provided this information, the nitigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form. | | | |
| | payment of the \$30.00 handling fee with this m CB-1, Form T-1, or Form CP-1 will be retu | form. If the fee is not received with this form, the KSONA-1 med. | | | |
| I hereby certify that the statements mad | le herein are true and correct to the best of r | ny knowledge and belief. | | | |
| Date: 6/15/2013 Signature of | Operator or Agent: | Tille: Regional Land Manager | | | |
| | | RECEIVED KANSAS CORPORATION COMMISSI | | | |

02 (

CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

Surface Owners

| API#: | 15189219720001 | Lease Name: _ | L G BL | ACKME | ER | Well #:1_3 | |
|-------|------------------------------------------------|-----------------|--------|-------|------------|------------|--|
| | ner Name: ALBRIGHT, JOH Address: PO BOX 106 | IN LOREN & GEOF | RGE HO | WARD | | | |
| | City: LA VETA | State: | со | Zip: | 81055-0106 | | |
| | ner Name: Address: | | | | | | |
| | City: | State: | | Zip: | | | |
| | ner Name: Address: City: | State: | | Zip: | | | |
| | ner Name: Address: City: | State: | | Zip: | | | |
| | ner Name: Address: City: | State: | | Zip: | | | |

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013