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	ited with this form.			
Oil Lease: No. of Oil Wells	Effective Date of Transfer:			
Number of Injection Wells **	County: Seward			
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) Type of Pit: Emergency Burn Settling	leet from N / S Line of Sectionleet from E / W Line of Section Haul-Off Workover D Drilling			
Past Operator's License No. 5208 V	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	0.510.4100.40			
	Date: 05/31/2013 KCC WICHITA			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole			
	JUN 1 8 2013			
New Operator's License No32864 √	Contact Person: BRENDA WALLER RECEIVED			
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			
ING.	organization.			
Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #				
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.:			
Date:	Date:			
Date:	Authorized Signature			
DISTRICT EPR _ 8/5//3	PRODUCTION 8.6.13 UIC 8-6-13			
Mail to: Past Operator New Operator	or District			

Side Two

Must Be Filed For All Wells

Lease Name	: LAHEY		* Location: 29 31 34WSW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned	
B12		990FSL 2970FEL		GAS		
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	After any care and a series determined and any 160% and the contract of the series of the series and the series		
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL		KCC WICHITA	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEL/FWL		RECEIVED	
		COL (Chil	CCI /EWI		INFOCIACIO	

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.

		- Company		
OPERATOR: License # 5208		Well Location:		
Name: EXXONMOBIL OIL CORPORATIO	N Distribution in the contract of the contract	<u>SW</u> Sec.29 _{Tw}	p.31 S. R.34 EastX West	
Address 1: P. O. BOX 4358		County: Seward		
Address 2:		Lease Name: LAHEY	Well #: <u>B12</u>	
City: HOUSTON State: TX	Zip: 77210 ++ 4358	If filing a Form T-1 for multiple wells on a lease, enter the legal description o		
Contact Person: ADAM SCOTT		the lease below: T031S - R034W: SEC 029 All		
Phone: (713 /431-1,859 Fax: (713 431-1475	10313 - RUJST. 3EC 043 MII		
Email Address: <u>adam.e.scott@exxonmob</u>	il.com			
Surface Owner Information:				
Name: See Attached		When filing a Form T-1 involving multiple surface owners, attach an addition sheet listing all of the information to the left for each surface owner. Surfact owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.		
Address 1:				
Address 2:				
City: State:	_ Zip:+			
are preliminary non-binding estimates. The Select one of the following:	ie iocalions may be emered on a	e romos par, rom ous par,	a a separate planting se sastrine a	
I certify that, pursuant to the Kar owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a	the subject well is or will be loca n with this form; 2) if the form bei	ited: 1) a copy of the Form C-1, f ng filed is a Form C-1 or Form CE	Form CB-1, Form T-1, or Form	
I have not provided this information KCC will be required to send this task, I acknowledge that I am being	information to the surface owner	r(s). To mitigate the additional co	ost of the KCC performing this	
If choosing the second option, submit pay form and the associated Form C-1, Form	yment of the \$30.00 handling fee CB-1. Form T-1. or Form CP-1 w	e with this form. If the fee is not r vill be returned.	eceived with this form, the KSONA-1	
I hereby certify that the statements made	herein are true and correct to th	e best of my knowledge and belie	ıf.	
Date: 6/15/2013 Signature of Op	perator or Agent:	McNulty Title:	Regional Land Manager	
API # :15175212520002	KDOR #220718		KCC WICHITA	

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

JUN 18 2013

RECEIVED

Surface Owners

AP#: 15175212520002	Lease Name: _	LAHEY	Well #: B12
Owner Name: HAMLIN, JA			
Address: 1853 ROAD	25		
City: MOSCOW	State	KS Zip: 67952	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State	: Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State	Zip:	

KCC WICHITA
JUN 18 2013
RECEIVED