KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form F-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filed

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: Oil Lease: No. of Oil Wells _ Effective Date of Transfer-Gas Lease: No. of Gas Wells ____ KS Dept of Revenue Lease No.: _ Gas Gathering System:___ Lease Name: M MANGELS Saltwater Disposal Well - Permit No.: ... SE sec. 6 Twp. 34 R. 39W [EX]W __ feet from N / N S Line __ feet from E / W Line Legal Description of Lease: Enhanced Recovery Project Permit No.: ___ T034S - R039W: SEC 006 E2 SW4, SE4, S2 NE4, SE4 NW4, NE4 NW4, N2 NE4 (NWNW) (SWNW) (NWSW) (SWSW) Entire Project: Yes No Number of Injection Wells. County: _ Morton Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE ** Side Two Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: _ leet from N/ S Line of Section (API No. II Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency ☐ Burn Settling Haul-Off Workover (*) Drilling Past Operator's License No. 5208 > LAURIE KILBRIDE Contact Person: RECEIVED Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION KANSAS CORPORATION COMMISSION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: 05/31/2013 JUN 1 8 2013 RSO MANAGER/AGENT & ATTORNEY-IN-FACT Signature: <u>Andrew D.</u> Cole CONSERVATION DIVISION WICHITA, KS New Operator's License No. -**BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES OKLAHOMA CITY, OK 73102 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schulter Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the 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.: Authorized Signature Authorized Signature DISTRICT -PRODUCTION _ Mail to: Past Operator_ **New Operator** District

Side Two

Must Be Filed For All Wells

ase Name	: M MANGELS		Location: 6	34 39W SE	
Vel i No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/NJ/WSW)	Well Status (PROD/TA'D/Abandon
4		2500FSL	1250FEL_	GAS	ACTIVE
		FSL/FNL			
		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		
		FSUFNL	FEL/FWL_		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL _		
		- FSL/FNL	FEL/FWL .		
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 .		FSL/FNL	FEL/FWL _		RECEIVED
		FSL/FNL	FEL/FWL _	KANSAS (ORPORATION COMMISSION
 -		FSL/FNL	FEL/FWL _		JUN 1 8 2013

____FEL/FWL

WICHITA, KS

_fsl/fnl _

A separate sheet may be attached if necessary

[&]quot;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	Media and an analysis of the second s		
Name: EXXONMOBIL OIL CORPORATION	Well Location:		
Address 1: P. O. BOX 4358	The state of the s		
Address 2:			
City: HOUSTON State: TX Zip: 77210 ++ 4	AAGII N. Ta-a		
Contact Person: ADAM SCOTT	the lease below: T034S - R039W: SEC 006 E2 SW4, SE4, S2 NE4, SE4 NW4.		
Phone: (713 431 / 864 Fax: (713 431-1475			
Email Address: adam.e.scott@exxonmobil.com	NE4 NW4, N2 NE4 (NWNW) (SWNW) (NWSW) (SWSW)		
Surface Owner Information:			
Name: See Attached	When filing 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 guest. Surface		
Address 2:	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.		
City: State: Zip:+			
Select one of the following:	ous, tank batteries, pipelines, and electrical lines. The locations shown on the plat ntered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
CP-1 that I am filing in connection with this form: 2) if the form; and 3) my operator name, address, phone number. I have not provided this information to the surface owner. KCC will be required to send this information to the surface.	er(s). I acknowledge that, because I have not provided this information, the		
and the second wedge that I am being charged a \$30.00 f	nandling fee, payable to the KCC, which is enclosed with this form.		
f choosing the second option, submit payment of the \$30.00 h form and the associated Form C-1, Form CB-1, Form T-1, or Fo	nandling fee with this form. If the fee is not received with this form, the KSONA-1 orm CP-1 will be returned.		
hereby certify that the statements made herein are true and co	orrect to the best of my knowledge and belief.		
ate: 6/15/2013 Signature of Operator or Agent:	Mickael Millulty Tille: Regional Land Manager		
API # :15129214060001 KDOR #2	PECENCO		

JUN 1 8 2013

Surface Owners

API#:	15129214060001	Lease Name: _	M MANGELS	Well #; <u>14</u>
	ier Name: TAYLOR, WAYNE Address: P O BOX 88	E& MOFIELD, MII	· <e< th=""><th></th></e<>	
	City: RIDDLETON	State:	TN Zip : 37151	
	er Name: Address:			
	City:	State:	Zip:	
	er Name: Address:			
	City:	State:	Zip:	
	r Name: ddress:			
	City:	State:	Zip:	
	· Name: ddress:			
	City:	State:	Zip:	

RECEIVED KANSAS CORPORATION COMMISSION