KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 Form must be Typed Form must be Signed All Manks 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 sui	bmitted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 221985 Lease Name: MANN SW Sec. 6 Twp. 33 R. 35W EXW Legal Description of Lease: T033S - R035W: SEC 006 All County:Stevens Production Zone(s):CHASE Injection Zone(s):
Surface Pit Permit No.:	ieet from N / S Line of Sectionieet from E / W Line of Section Haul-Off Workover (> () Drilling
Past Operator's License No. 5208 Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 Page: 05/31/2013 KANSAS CORPORATION COMMISSION Signature: Andrew D. Cole CONSERVATION DIVISION
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2360	Contact Person: BRENDA WALLER WICHITA, KS Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Date: 05/31/2013 Signature: Douglas C. Schultze
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	on Commission. This acknowledgment of transfer pertains to Kansas Corporation
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	
Date:	Date:
Mail to: Past Operator New Operator	,

Side Two

Must Be Filed For All Wells



CONSERVATION DIVISION

WICHITA, KS

Lease Name	_e . Mann		a e	33 35WSW	
Ced30 140114	7.		Location: 6	33 30 11311	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned
24 INF	15189222060001 🗸	1250FSL	1250FWL	GAS	ACTIVE
		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	FEL/FWL		
		FSL/FNL	FEUFWL		
		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 .	KANSAS	RECEIVED CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		J UN 1-8-2013

A separate sheet may be attached if necessary

FEL/FWL

.FSL/FNL _

^{*} 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

1. Mr.

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 filed:	C-1 (Intent) CB-1 (Cathodic Protection Borehold	e Intent) XT-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #5208	144 II 4				
Name: EXXONMOBIL OIL CORPORATION		√ Sec. 6 Twp.33 S. R. 36 Eas X West			
Address 1: P. O. BOX 4358		Sec IWp S. R East Mest			
Address 2:		N Well #: 2-4 INF			
City: HOUSTON State: TX Zip:					
Contact Person: ADAM SCOTT		If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:			
Phone: (713 431- 850 Fax: (713	431-1475 T033S - R035W: SI	EC 006 All			
Email Address: adam.e.scott@exxonmobil.com					
Surface Owner Information:					
Name: See Attached	When filing a Form	r. I involving multiple surface owners, attach an additiona.			
Address 1:	sheet listing all of th	e information to the left for each surface owner. Surface			
Address 2:	OPTIANT HILOTIKARION CO	on be found in the records of the register of deeds for the all estate property tax records of the county treasurer.			
City: State: Zip:		·			
Select one of the following:		rm CB-1 plat, or a separate plat may be submitted.			
X I certify that, pursuant to the Kansas Sur owner(s) of the land upon which the subj CP-1 that I am filing in connection with the form; and 3) my operator name, address,	ject well is of will be located; 1) a copy of the ils form; 2) if the form being filed is a Form C.	P Form C.1 Form CR.1 Form T.1 or Form			
UCC MILL DE LEGISIEU (O 2610) (UIQ IUIQIIUS	surface owner(s). I acknowledge that, becan tion to the surface owner(s). To mitigate the ged a \$30.00 handling fee, payable to the KC	additional cost of the KCC performing this			
If choosing the second option, submit payment of form and the associated Form C-1, Form CB-1, Fi	f the \$30.00 handling fee with this form. If th form T-1, or Form CP-1 will be returned.	ne fee is not received with this form, the KSONA-1			
hereby certify that the statements made herein a	are true and correct to the best of my knowled	dge and belief.			
Date: 6/15/2013 Signature of Operator or	Agent: M. Michael McNutty	Title: Regional Land Manager			
API # :15189222080001	KDOR #221985	RECEIVED KANSAS CORPORATION COMMISSION			

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

AP#: 1518922	2060001	Lease Name: _	MANN				
Owner Name: MANN, HOWARD H & FE MANN LIV TR TTEE Address: 1867 S GLENDALE ST							
City:	WICHITA	State:	KS Zip:	67218-4323			
Owner Name:							
Address:							
City:		State:	Zip:				
Owner Name: Address: City:		State:	Zip:				
Owner Name: Address:							
City:		State:	Zip:				
Owner Name: Address:							
City:		State:	Zip:				

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Well #: _2-4 INF

JUN 1 8 2013 CONSERVATION DIVISION WICHITA, KS