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: MOS / De subm	itted with this form.		
Oil Lease: No. of Oil Wells X Gas Lease: No. of Gas Wells Gas Gathering System: Saltwater Disposal Well - Permit No.: feet from N / S Line feet from E / W Line Froject: Yes No No No Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Side Two Must Be Completed.	Effective Date of Transfer:		
(API No. if Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	Haul-Off Workover 60 Drilling		
Past Operator's License No	Contact Person: LAURIE KILBRIDE Phone:		
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:		
DISTRICT EPR 8/20/13 P	Authorized Signature PRODUCTION		

Side Two

1

Must Be Filed For All Wells

KDOR Lease	No.: 221317				
Lease Name:	MCCAMMON		Location: 2	33 40₩5 E	
Well No.	· · · · · · · · · · · · · · · · · · ·		s Section Line from South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-4 INF	15129214470000 🗸	1250FSL	1250FEL	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	4	
		FSL/FNL	FEL/FWL		
		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		
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		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL	KAN	SAS CORPORATION COMMISSION
***		FSL/FNL	FEL/FWL		JUN 1 8 2013
		FSL/FNL	FEL/FWI		CONSERVATION DIVISION WICHITA, KS

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 hity 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	
Name: EXXONMOBIL OIL CORPORATION	Well Location:
Address 1: P. O. BOX 4358	SE Sec. 2 Twp.33 S. R. 40 Eas X West
Address 2:	Lease Name: MCCAMMON Well #: 1-4 INF
Cay: HOUSTON State: TX Zip: 77210 + 43	8.50
Contact Person: ADAM SCOTT	if filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below;
Phone: (713 431 1959 Fax: (713 431-1475	T033S - R040W: SEC 002 SE4 SEC 011 W2 NE4, E2 NW4,
Email Address: adam.e.scott@exxonmobil.com	SE4 SEC 013 NW4
Surface Owner Information:	
Name: See Attached	When filing a Form 1-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of the information to the left for each surface numer. Surface
Address 2:	owner information can be tound 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:	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 sur	Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this er, fax, and email address. Er(s). I acknowledge that, because I have not provided this information, the inface owner(s). To mitigate the additional cost of the KCC performing this handling fee, payable to the KCC, which is enclosed with this form.
	pandling fee with this form. If the fee is not received with this form, the Vocable to
hereby certify that the statements made herein are true and α	orrect to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent: 711.	. Michael McNutty Title: Regional Land Manager
API # :15129214470000 KDOR #:	221317 RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

Surface Owners

API#: 15129214470000 Lease Name: MCCAMMON Well #: _1-4 INF Owner Name: ELKHART FOREST SERVICE Address: P O BOX 300 City: ELKHART State: KS **Zip:** 67950-0300 **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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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS