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 subn	nitted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013
Cas Louise, 14t. Of Clas Yfelis	KS Dept of Revenue Lease No.: 203338
Gas Gathering System:	Lease Name: REYLDS
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 - R034W: SEC 030 All
Entire Project: Yes No	
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.:	feet from N / S Line of Section
(API No. II Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	Haul-Off Workover (~ 1/2) 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	Date:05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole
	KCC WICHITA
New Operator's License No. 32864 √	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 JUN 1 8 2013
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES RECEIVED
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	authorization, surface pit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	
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.:
	permiss by 140.:
Date:	Date:
Authorized Signature/	Authorized Signature
	PRODUCTION 8.5.13 UIC 8-5-13
Mail to: Past Operator New Operator	District

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

Side Tiero

Must Be Filed For All Wells

Lease Name	: REYLDS		* Location: 30 31 34WNE					
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			
A1		3960FSL	1320FEL	GAS	ACTIVE			
		FSL/FNL	FEL/FWL					
	-	FSL/FNL	FEUFWL					
·		FSL/FNL	FEL/FWL					
	· 	FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL	****	4			
		FSUFNL	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					
	Other Control of the	FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL		Will be seen to the second			
		FSL/FNL	FEL/FWL					
·		FSL/FNL	FEL/FWL		***			
·	***************************************	FSUFNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL		KCC WICHIT			
		FSL/FNL	FEL/FWL		JUN 18 2013			
		FSL/FNL	FEL/FWL					

A separate sheet may be attached if necessary

__FSL/FNL _____FEL/FWL _

__ FEL/FWL

^{*} 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	Well Location:
Name: EXXONMOBIL OIL CORPORATION	
Address 1: P. O. BOX 4358	County: Seward
Address 2:	
Cay: 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	me lease below;
Phone: (713 43 11; 359 Fax: (713 431-1475	T031S - R034W: SEC 030 All
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form T.1 involving multiple surface owners, attach an additional
Address 1:	sheel listing all of the information to the left for each surface owner. Surface
Address 2:	
City: State: Zip:+	
Overtea (2) of the fauld ribou which the Stiblect Meil is of Mil	otice Act (House Bill 2032), I have provided the following to the surface if the located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.
we carried to send this thormation to the ships	s). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this ndling fee, payable to the KCC, which is enclosed with this form.
f choosing the second option, submit payment of the \$30.00 han form and the associated Form C-1, Form CB-1, Form T-1, or Form	ndling fee with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned.
hereby certify that the statements made herein are true and corre	ect to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent: 70. 70	Michael McNulty Title: Regional Land Manager
	KCC WICHIT

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

RECEIVED

JUN 18 2013

Surface Owners

AP#:	15175005270000	Lease Name: _	REYLI	DS		Well #: _A1	
							-
Own	er Name: LAHEY, VANCE A	ATR .					
	Address: 24341 ROAD B						
	City: MOSCOW	State:	KS	Zip:	67952		
	er Name: Address:						
•							
	City:	State:		Zip:			
	er Name: Address:						
	City:	State:		Zip:			
	r Name: ddress:						
	City:	State:		Zip:			
	r Name: ddr ess :						
	City:	State:		Zip:			

JUN 18 2013
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