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 submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 201342
Gas Gathering System:	-
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	
feet from E / E	
Enhanced Recovery Project Permit No.:	T026S - R035W: SEC 004 AII
Entire Project: Yes No	
Number of Injection Wells **	County: Kearny
Field Name: COMBINED HUGOTON PANOMA COUNCIL GR	ROVE Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Bum S	ettling Haul-Off Workover
Past Operator's License No	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPOR	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
	RECEIVED
New Operator's License No. 32864	KANSAS CORPORATION COMMISSION COM
New Operator's Name & Address: XTO ENERGY INC.	405 249 2259 IIIN 1 8 2013
	TIME:
210 PARK AVENUE, SUITE 2350	WICHITA, KS
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultzc</u>
Acknowledgment of Transfer: The above request for tran	sfer of injection authorization, surface pit permit # has been
	sas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownershi	
is ack	nowledged as is acknowledged as
the new operator and may continue to inject fluids as a	authorized by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
recummended action:	pariminal by real.
Date	Date:
Date:	/ Authorized Signature
DISTRICT EPR 3/9	//3 PRODUCTION 8-12-13 UIC 8-12-13
Mail to: Past Operator	New Operator District

N

Must Be Filed For All Wells

Lease Name:	WM T GILDART		Location; 4	26 35WSビ	
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/Abandone
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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	mark this file and a second and	FSL/FNL			
	*****		FEL/FWL	KANSAS	RECEIVED CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		JUN 1 8 2013
Managed and a supple supple supple		FSL/FNL	FEL/FWL		ONSERVATION DIVISION WICHITALKS

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.

5208	
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION	Well Location: SE_ Sec. 4 Twp.26 S. R. 35EastX West
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	
	,
Address 2:	4950
Contact Person: ADAM SCOTT	4336 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: (713 431- 1659 Fax: (713 431-1475	
Email Address:adam.e.scott@exxonmobil.com	
Email Address: adam.e.scougexxonnobi.com	
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 owner. Surface owner information can be found in the records of the register of deeds for the
Address 2:	
Dity:	
Select one of the following:	
owner(s) of the land upon which the subject well is on CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone num	
KCC will be required to send this information to the :	ner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this 0 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 form and the associated Form C-1, Form CB-1, Form T-1, or) handling fee with this form. If the fee is not received with this form, the KSONA-1 Form CP-1 will be returned.
hereby certify that the statements made herein are true and	correct to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent;	M. Michael Minutty Title: Regional Land Manager
API # :15093004660000 KDOR	R #201342 RECEIVED

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 15093004660000	Lease Name:	WM T GILDART	Well #:1
Owner Name: WHITE ENTERPI	RISES INC		
City: LAKIN	State:	KS Zip: 67860	
Owner Name: Address: City:	State:	Zip:	
Owner Name: Address: City:	State:	Zip:	
Owner Name: Address: City:	State:	Zip:	
Owner Name: Address: City:	State:	Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS