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,
MUST be submitted with this form

Check Applicable Boxes: MUST be submit	tted with this form.		
Check Applicable Boxes: Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 204270 Lease Name: WAECHTER		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from N / S Line of Section leet from E / W Line of Section Haul-Off Workover Q 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 Date: 05/31/2013 Signature: Andrew D. Cole Contact Person: BRENDA WALLER		
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze		
Acknowledgment of Transfer: The above request for transfer of injection anoted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
is acknowledged as 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.:		
1	Date:		
Treat Operation	District		

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Must Be Filed For All Wells

Lease Name:	WAECHTER - Location: 30 26 37WSW						
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Ges/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
C1		2310FSL	2970FEL	GAS	ACTIVE		
		<u> </u>	<u> </u>				
		FSL/FNL	FEL/FWL				
	-	FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	•	FSL/FNL	FEL/FWL	<u> </u>			
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSUFNL	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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			FEL/FWL	A. Paradalah dalam at a sanata dalam a			
merinnings i et eild gee <mark>r telemind stadi</mark> ngs to geleg teleminen som eileminen som eil	TERROPHORAL CHALL AND PROVIDE SERVICE	FSL/FNL	FEUFWL	der	THE PLAN MISSESSMENT OF THE PROPERTY AND A PROPERTY		
		FSL/FNL	FEL/FWL				
,		FSL/FNL		К	RECEIVED ANSAS CORPORATION COMMISSIO		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
		FSL/FNL			CONSERVATION DIVISION WICHITALKS		

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	Well Location:				
Name: EXXONMOBIL OIL CORPORATION	ON	SW Sec. 30 Twp. 26 S. R. 37 Eas X West			
Address 1: P. O. BOX 4358	County: Kearny				
Address 2:	Lease Namo: W/	AECHTER Well #: C1			
City: HOUSTON State: TX		for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT		the lease below: T026S - R037W: SEC 030 All			
Phone: (713 431 1559 Fax:	<u> 713 431-1475 </u>	020 000 All			
Email Address: <u>adam.e.scott@exxonmol</u>	bil.com				
Surface Owner Information:					
Name: See Attached		m T-1 iovolving multiple surface owners, attach an additional			
Address 1:		the information to the left for each surface owner. Surface a can be found in the records of the register of deeds for the			
Address 2:	and the second s	real estate property tax records of the county treasurer.			
City: State:	_ Zips+				
Select one of the following:		Form CB-1 plat, or a separate plat may be submitted.			
owner(s) of the land upon which CP-1 that I am filing in connectio	nsas Surface Owner Notice Act (House Bill 2032 the subject well is or will be located: 1) a copy of n with this form; 2) if the form being filed is a Form address, phone number, fax, and email address.	the Form C-1, Form CB-1, Form T-1, or Form			
KCC will be required to send this	on to the surface owner(s). I acknowledge that, bo s information to the surface owner(s). To mitigate ng charged a \$30.00 handling fee, payable to the	the additional cost of the KCC performing this			
	nyment of the \$30.00 handling fee with this form. CB-1, Form T-1, or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1			
I hereby certify that the statements made	herein are true and correct to the best of my know	wledge and belief.			
Date: 6/15/2013 Signature of O	perator or Agent:	Title: Regional Land Manager			
API#:15093005680000	KDOR #204270	RECEIVED KANSAS CORPORATION COMMISSIO			

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15093005680000	Lease Name: _	WAEC	HTER		Well #: <u>C1</u>	
Own	Owner Name: WAECHTER, WALTER E & FERN G LIVING TRUST						
	Address: 252 ROAD H						
	City: ULYSSES	State:	KS	Zip:	67880		
	ner Name:						
	Address:						
	City:	State:		Zip:			
Owr	ner Name:						
	Address:						
	City:	State:		7: .			
	City.	State:		Zip:			
Own	er Name:						
	Address:						
	City:	State:		Zip:			
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	er Name: Address:						
	City:	State:		Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS