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	led with this form.				
Oil Lease: No. of Oil Wells** X Gas Lease: No. of Gas Wells** Gas Gathering System: Saltwater Disposal Well - Permit No.:	Effective Date of Transfer:				
Spot Location:					
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	Injection Zone(s):				
Past Operator's License No	Contact Person:LAURIE KILBRIDE Phone:713-431-1182 Date:05/31/2013 Signature:Andrew D. Cole				
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Contact Person: BRENDA WALLER RECEIVED KANSAS CORPORATION COMMISSION Phone: 405-319-3259 Oil / Gas Purchaser: WGP-KHC LLC Date: 05/31/2013 CONSERVATION DIVISION WICHITA, KS Signature: Douglas C. Schultze				
Acknowledgment of Transfer: The above request for transfer of injection and noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the analysis.	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				
Date:	PRODUCTION 8.16.13 UIC 8-16-13				

Side Two

Must Be Filed For All Wells

Lease Name	H C WEAR	- Location: 24 26 36WSW					
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned		
3 INF	15093213670000	1250FSL	4067FEL	GAS	ACTIVE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		FSL/FNL	FEUFWL				
		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	*			
		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		RECEIVED		
		FSL/FNL	FEL/FWL	KA	NSAS CORPORATION COMMISSI		
<u></u>					JUN 1 8 2013		
ecoarrito che	ed may be attached if necessar	FSL/FNL	FEL/FWL	• • • • • • • • • • • • • • • • • • • •	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 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE JOSE 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		rny				
Address 2:	Lease Name:	H C WEAR Well #: 3 INF				
State: TX	Zip: 77210 ++ 4358 It filling a Fort	m T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT		the lease below: T026S - R036W: SEC 024 All				
Phone: { 713 431-[870 Fax:	(<u>713 431-1475</u>	6W: SEC U24 All				
mail Address: adam.e.scott@exxonmol	bil.com					
Surface Owner Information:						
Name: See Attached		Form T-1 involving multiple surface owners, attach an additional				
Address 1:	sheet listing a owner inform.	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:	countrand in	the real estate property tax records of the county treasurer.				
City:State:	Zip:+					
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, and I have not provided this information. I have not provided this information for the send this information.	the subject well is or will be located: 1) a cop in with this form; 2) if the form being filed is a F address, phone number, fax, and email addres ion to the surface owner(s). I acknowledge that	t, because I have not provided this information, the pate the additional cost of the KCC performing this				
	ayment of the \$30.00 handling fee with this for n CB-1, Form T-1, or Form CP-1 will be returne	m. If the fee is not received with this form, the KSONA-1 d.				
hereby certify that the statements made	e herein are true and correct to the best of my l	knowledge and belief.				
	Me Me I I MA MA LA					
Date: 6/15/2013 Signature of C	Operator or Agent:	Title: Regional Land Manager				

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

JUN 1 8 2013

Surface Owners

AP#:_	15093213670	<u>000 </u>	_ease Name:	H C W	EAR		 Well #: _	3 INF
Owne	r Name: GUG	SELMEYER, DA	AVID JON & (CARYN JEA	۸N			
A	ddress: 241	ROAD T						
	City: LAKI	N	Sta	te: KS	Zip:	67860		
	er Name: Address:							
	City:		Sta	te:	Zip:			
	er Name: Address:							
	City:		Sta	te:	Zip:			
	r Name: \ddress:							
	City:		Sta	te:	Zip:			
	or Name: Address:							
	City:		Sta	te:	Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS