KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 KBONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

MUST be submit	ted with this form.			
Check Applicable Boxes: Oil Lease: No. of Oil Wolls**	Effective Date of Transfer:			
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 221763			
Gas Gathering System:	Lease Name: WILSONBROWNELL			
Saitwater Disposal Well - Permit No.:	Lease Name:			
Spot Location: feet from N / S Line				
spor Location: teet from E / _ W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T031S - R036W: SEC 036 All			
Entire Project: Yes No				
Number of Injection Wells**	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE				
	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
O. down Ditt Downin blo	lest from N / S Line of Section			
Surface Pit Permit No.: (API No. If Drill Pit, WO or Heal)	feet from F / W Line of Section			
	Haul-Off Workover A Drilling			
Type of Pit: Emergency Bum Settling				
Past Operator's License No	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	05/24/2042			
	URITE:			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole RECEIVED KANSAS CORPORATION COMMISSION			
New Operator's License No	Contact Person: BRENDA WALLER JUN 1 8 2013			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 CONSERVATION DIVISION			
	Phone: WICHITA, KS Oil / Gas Purchaser: WGP-KHC LLC			
210 PARK AVENUE, SUITE 2350				
OKLAHOMA CITY, OK 73102	Dale: 05/31/2013			
Title: _ SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporatio	on 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				
·				
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
	PRODUCTION 8.1.13 UIC 8-1-13			
DISTRICT EPR				
max w bet vpriver.				

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

Side Two

y

Must Be Filed For All Wells

KDOR Lease								
Lease Name:	WILSONBROWNELL		Location:	21 2014 MM				
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)			
3	16189220930000 /	1250FNL	1260FWL	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		_			
		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	water and the second				
		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	KAN	ISAS CORPORATION COMMISSION			
		FSL/FNL	FEL/FWL		JUN 1 8 2013			
		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 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.

Select the corresponding form being filed: C-1 (me	(CB-1 (Cathodic Protection Borehole Intert)
OPERATOR: License # 5208	Well Location:
Name: EXXONMOBIL OIL CORPORATION	
Address 1: P. O. BOX 4358	
Address 2:	
City: HOUSTON State: TX Zip: 77210-	
Contact Person: ADAM SCOTT	the lease below:
Phone: (713 431-1859 Fax: (713 431-1476	T031S - R036W: SEC 036 All
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	
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:	county and in the real action property the records of the county trace; par
City: State: Zip:	·
are preliminary non-binding estimates. The locations may Select one of the following:	se roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well	rner Notice Act (House Bill 2032), I have provided the following to the surface is or 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 umber, fax, and email address.
KCC will be required to send this information to	owner(s). I acknowledge that, because I have not provided this information, the ne surface owner(s). To mitigate the additional cost of the KCC performing this 0.00 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$3 form and the associated Form C-1, Form CB-1, Form T-1	0.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.
I 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 McNulty Title: Regional Land Manager
API # :15189220930000 K	OOR #221763 RECEIVED KANSAS CORPORATION COMMISSION

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

JUN 1 8 2013

Surface Owners

AP#:	15189220930000	Lease Name: _	WILS	ONBRO	WNELL	Well #: 3	
	ner Name: FOX, LARRY D Address: PO BOX 88						
	City: HUGOTON	State:	KS	Zip:	67951-0088		
	ner Name: FRIESEN, I KENN Address: PO BOX 285	NETH & RITA					
	City: MOSCOW	State:	KS	Zip:	67952-0285		
	ner Name: Address:						
	City:	State:		Zip:			
	er Name:						
•	Address: City:	State:		Zip:			
	er Name:						
•	Address: City:	State:		Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS