KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 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 sub	omitted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013
Gas Lease: No. of Gas Wells	
Gas Gathering System:	KS Dept of Revenue Lease No.: 202570
Saltwater Disposal Well - Permit No.:	Lease Name: A D MILLS
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T026S - R034W: SEC 013 All
Entire Project: Yes No	•
Number of Injection Wells	County Finney
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	County: Finney
** Side Two Must Be Completed.	Production Zone(s): CHASE
The same of the sa	Injection Zone(s):
Surface Pit Permit No.:	
(API No. II DI'II PIL, WO of Haul)	leet from N / S Line of Section
Type of Pit: Emergency Burn Settling	leet from E / W Line of Section
	Haul-Off Workover Drilling
Past Operator's License No. 5208	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 RECEIVED
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	KANSAS CORPORATION COMMISSION
	Signature: Andrew D. Cole
	JUN 1 8 2013
New Operator's License No. 32864 V	Contact Person: BRENDA WALLER CONSERVATION DIVISION
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	
OKLAHOMA CITY, OK 73102	Oll / Gas Purchaser: WGP-KHC LLC
	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
noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	above injection well(s) or pit permit.
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.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR EPR	PRODUCTION 8.30.13 UIC 8-30-13
Mail to: Past Operator New Operato	

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

Side Two

y

Must Be Filed For All Wells

KDOR Leas					
* Lease Name	: A D MILLS		Location: 1	3 26 34W <i>S E</i>	
Well No.	API No. (YR DRLD/PRE '67)	Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1	15055007260001	2301FSL	2310FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	· · · · · · · · · · · · · · · · · · ·	
		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 .		
		FSLÆNL	FEL/FWL .		
		FSL/FNL	FEL/FWL_		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		RECEIVED
		FSL/FNL .	FEL/FWL _	KANSA	AS CORPORATION COMMISSION

___ FEL/FWL

___ FEL/FWL _

_FSL/FNL ____

_FSL/FNL _

JUN 1 8 2013

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.

	5208	
	OIL CORPORATION	Well Location:
Address 1: P.O. BOX	1358	Ensily IMERI
Address 2:		County: Finney
City: HOUSTON	State: TX Zip: 77210 + 4358	
Contact Person: ADAM S	COTT	 If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: (713 431-1 37	59 Fax: (713 431-1476	T026S - R034W: SEC 013 All
Email Address: adam.e.	.scott@exxonmobil.com	
Surface Owner Information	on:	
	ed	IAthur Co
Address 1:		sheet listing all of the information to the left for each and an additional
		"" " " " " " " " " " " " " " " " " " "
City:	State: Zip:+	county, and in the real estate property tax records of the county treasurer.
	o mereu	
elect one of the following	•	odic Protection Borehole Intent), you must supply the surface owners and ak batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
X I certify that, pursowner(s) of the la CP-1 that I am filin form; and 3) my of the la KCC will be required.	uant to the Kansas Surface Owner Notice And upon which the subject well is or will be ing in connection with this form; 2) if the form perator name, address, phone number, fax, and this information to the surface owner(s). I are do send this information to the surface owner.	Act (House Bill 2032). I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.
X Certify that, pursowner(s) of the lace CP-1 that I am filling form; and 3) my open I have not provided KCC will be required task, I acknowledge Choosing the second on.	uant to the Kansas Surface Owner Notice And upon which the subject well is or will be ing in connection with this form; 2) if the form perator name, address, phone number, fax, and this information to the surface owner(s). I ared to send this information to the surface owner with the surface owner will be that I am being charged a \$30.00 handling	Act (House Bill 2032). I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Incknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this I fee, payable to the KCC, which is enclosed with this form.
X I certify that, pursowner(s) of the lace CP-1 that I am filling form; and 3) my of the lace CP-1 that I am filling form; and the second operation of the associated Form and	uant to the Kansas Surface Owner Notice And upon which the subject well is or will be ing in connection with this form; 2) if the form perator name, address, phone number, fax. and this information to the surface owner(s). I ared to send this information to the surface owner that I am being charged a \$30.00 handling	Act (House Bill 2032). I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Extraorded that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this ifee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I certify that, pursowner(s) of the lace CP-1 that I am filling form; and 3) my of I have not provided KCC will be required task, I acknowledge choosing the second operm and the associated Form and the associated Form and the state CMS representations.	tuant to the Kansas Surface Owner Notice And upon which the subject well is or will be and upon which the subject well is or will be and upon which the subject well is or will be and in connection with this form; 2) if the form perator name, address, phone number, fax, and this information to the surface owner(s). I ared to send this information to the surface owner to send this information to the surface owner that I am being charged a \$30.00 handling tion, submit payment of the \$30.00 handling form C-1, Form CB-1, Form T-1, or Form CP-	Act (House Bill 2032). I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Incknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this if fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.

JUN 1 8 2013

Surface Owners

API#: 150550072600	01 Lease Name:	A D MILLS		Well #: _ 1	
Address: PO BO		RATIVE INC			
City: GARDI	EN CITY State:	: KS Zip:	67846-1078		
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