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:	itted with this form.			
Check Applicable Boxes: 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.: 200389			
Gas Gathering System:	Lease Name: BROWN			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
teet from E / W Line	Legal Description of Lease: T025S - R034W: SEC 029 All			
Enhanced Recovery Project Permit No.:	10255 - R034W: SEC 025 All			
Entire Project: Yes No				
Number of Injection Wells**	County: Finney			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling				
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE			
	Phone: 713-431-1182 RECEIVED RECEIVED KANSAS CORPORATION COMMISSION			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	05/24/2013			
P. O. BOX 4358, HOUSTON, TX 77210-4358	JUN 1 8 2013			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cale</u> CONSERVATION DIVISION WICHITA, KS			
New Operator's License No. 32864	Contact Person: BRENDA WALLER			
New Operator's Name & Address: XTO ENERGY INC.	Phone:405-319-3259			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES			
	Date: 05/31/2013			
OKLAHOMA CITY, OK 73102	Signature: Douglas C. Schultze			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schutte			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	on Commission. This acknowledgment of transfer pertains to Kansas Corporation			
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:	i i			
	- Date:			
Date:	Authorized Signature			
DISTRICT EPR \$/29/13	PRODUCTION 8.30.13 uic 8-30-13			
Diomici	prator District			

Side Two

Must Be Filed For All Wells

Lease Name	BROWN		* Location: 29 25 34W N W			
Well No.	API No. (YR DRLD/PRE '67)	Footage Irom Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
15	15055006190000	2840 2640FSL	2840 2640FEL	GAS	ACTIVE	
	_	FSL/FNI	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		<u></u>	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	Accesses 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			
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	. FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL				
		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL		KAN	ISAS CORPORATION COMMISSION	
		FSL/FNL			JUN 1 8 2013	
		ESLIENI			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.

ADEDATAD: Licanoa + 5208	Marill A consistence
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION	Well Location:
Address 1: P. O. BOX 4358	County: Finney
ddress 2:	-
ay: HOUSTON State: TX Zip: 77210 +	A250
ontact Person: ADAM SCOTT	if filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
hone: (713 431-1859 Fax: (713 431-1475	T025S - R034W: SEC 029 All
mail Address: adam.e.scott@exxonmobil.com	
urlace Owner Information:	
lame: See Attached	
ddress 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
ddress 2:	county and in the real actate monorhy buy records at the asymptotical was
ity:Zip:	• <u> </u>
elect one of the following:	
X I certify that, pursuant to the Kansas Surface Ownowner(s) of the land upon which the subject well	vner 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
CP-1 that I am filing in connection with this form; 2 form; and 3) my operator name, address, phone n I have not provided this information to the surface.	. owner(s). I acknowledge that, because I have not provided this information, the
CP-1 that I am filing in connection with this form; a form; and 3) my operator name, address, phone n I have not provided this information to the surface KCC will be required to send this information to the surface.	umber, fax, and email address.
CP-1 that I am filing in connection with this form; a form; and 3) my operator name, address, phone n I have not provided this information to the surface KCC will be required to send this information to the task, I acknowledge that I am being charged a \$30 choosing the second option, submit payment of the \$30 choosing the second option, submit payment of the \$30 choosing the second option.	umber, fax, and email address. 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.
CP-1 that I am filing in connection with this form; a form; and 3) my operator name, address, phone n I have not provided this information to the surface KCC will be required to send this information to the task, I acknowledge that I am being charged a \$30 choosing the second option, submit payment of the \$30 cm and the associated Form C-1, Form CB-1, Form T-1.	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. 2.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.
CP-1 that I am filing in connection with this form; a form; and 3) my operator name, address, phone n I have not provided this information to the surface KCC will be required to send this information to the task, I acknowledge that I am being charged a \$30	umber, fax, and email address. 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. 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.

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

JUN 1 8 2013

Surface Owners

API#:_	1505500	6190000	Lease Name: _	BROW	N		Well #: 15
Own	er Name:	GREATHOUSE, I	RALPH A IND OF	TRUST			
	Address:	4012 CAPITOL D	R			•	
	City:	FORT COLLINS	State:	со	Zip:	80526-2910	
	er Name:						
	Address:						
	City:		State:		Zip:		
	er Name:						
	Address:						
	City:		State:		Zip:		
Own	er Name:						
4	Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS