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 Boxas:	itted with this form.					
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.: 200387					
Gas Gathering System:	Lease Name: BROWN					
Saltwater Disposal Well - Permit No.:	NE sec. 28 Twp. 25 R. 34W TEXW					
Spot Location: feet from N / S Line						
feet from E / W Line	Legal Description of Lease: T025S - R034W: SEC 028 All					
Enhanced Recovery Project Permit No.:	10203 - R0344. SEC 020 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. If Drill Pit, WO or Haul)	leet from N / S Line of Section					
	leet from E / W Line of Section					
Type of Pit: Emergency Burn Settling	Haul-Off Workover OZ Drilling					
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	Date: 05/31/2013 RECEIVED					
DOO MANAGERIAGENT & ATTORNEYJN-FACT	Date: KANSAS CORPORATION COMMISSION Signature: Andrew D. Cole					
Title: KSO MANAGENAGEN & A TONNE THIS AG.	JUN 1 8 2013					
New Operator's License No. 32864 V	Contact Person: BRENDA WALLER CONSERVATION DIVISION WICHITA, KS					
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259					
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES					
OKLAHOMA CITY, OK 73102	Date: 05/31/2013					
Title: _ SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze					
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	n 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:	permitted by No.:					
Data	Date:					
Date:	Authorized Signature					
DISTRICT EPR _ 8/29/13	PRODUCTION 8.30.13 UIC 8-30-13					
	PHODUCTION OIO III					

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

Side Two

Must Be Filed For All Wells

Lease Name:	BROWN Location: 28 25 34W ME							
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Section Line rom South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)			
13	15055006180000	2387FNL 2640FSL	34/6 2640FEL	GAS	ACTIVE			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSUFNL	FEL/FWL					
			FEL/FWL					
		FSL/FNL	FEL/FWL					
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		FSL/FNI	LFEL/FWL					
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		FSL/FN	LFEL/FWL	•				
		FSL/FN	LFEL/FWL		RECEIVED			
		FSL/FN	LFEL/FWL		KANSAS CORPORATION COMMISSIO			
<u>, , , , , , , , , , , , , , , , , , , </u>		FSL/FN	LFEL/FWL		JUN 1 8 2013			
		FSUFN	ILFEL/FWI		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.

OUT DATOD. Linguing # 5208			Well Location:						
DPERATOR: LICEIDE #	N			Sec. 28	Twp.2	5. R.	34	LEas X West	
Vame: EAXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358			County: Finney						
Address 2:			Lease Name: BROV	VN			Well#	13	
Contact Person: ADAM SCOTT	_ 7ip: 77210_++	4358						egal description	
Phone: (713 431-1959 Fax:	713 431-1475	make recommended. April 1 Proceedings and	T025S - R034W: SEC 028 All						
Email Address: <u>adam.e.scott@exxonmol</u>	il.com								
Surface Owner Information:									
Name: See Attached	management on the old At the combination of the experience function	program is no information of the Park Co. F.	When filing a Form sheet listing all of the	e information	to th	e left for eac	री ५५मीस	ce owner, bun	
Address 1:		·	owner information county, and in the re	an be tound it	n the i	records of th	re regis	ter of deeds for	
Address 2:			county, and in the re	ar estate prop	CT (y (un recentra	, tre o	active active active	
City: State:	_ Zip:								
If this form is being submitted with a r or the KCC with a plat showing the predicte are preliminary non-binding estimates. T Select one of the following:	he locations may	be entered on li	he Form C-1 plat, F	orm CB-1 pl	at, or	a separate	ры п	iay ve suullik	
I certify that, pursuant to the Ka owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name.	the subject well in with this form: :	is or will be loca 2) if the form bei	ated: 1) a copy of t ing filed is a Form (DE PERMITTE	I. FUI	111 (-0-1, 1)	VIIII 1-	1, 04 1 01111	
I have not provided this informat KCC will be required to send thi task, I acknowledge that I am be	e information to t	he surface own	eris). To milligale u	ie addictiona	LCOS	Of the No	C Peri	311111111111111111111111111111111111111	
If choosing the second option, submit p form and the associated Form C-1, For	ayment of the \$3 n CB-1, Form T-1	0.00 handling fe , or Form CP-1 (e with this form. If will be returned.	the fee is no	ot red	eived with	this fo	rm, the KSON	
I hereby certify that the statements mad	e herein are true	and correct to th	ne best of my know	ledge and b	elief.				
THE ENY CERTAIN THE STATE THE STATE THE									
Date: 6/15/2013 Signature of 0		M Michael	McNulty	Ti	de:	Regional L	and M	anager	

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 15055006180000	Lease Name:	BROWN				
Owner Name: WHEATLAND Address: PO BOX 1078		ATIVE INC				
City: GARDEN CIT	Y 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

Well #: __13

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS