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 Compilance with the Kansas Surface Owner Notification Act, MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: _ Gas Gathering System: Lease Name: HUGOTON USA Saltwater Disposal Well - Permit No.: ___ N 2 Sec. 27 Twp. 26 R. _____feet from N/ S Line Legal Description of Lease: _ feet from F / W Line T026S - R034W: SEC 026 N2 SEC 027 N2 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Number of Injection Wells. County: Finney Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): **COUNCIL GROVE** ** Side Two Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: _ feet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Rum Settling Haul-Off Workover OL Drilling Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: _ Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 RECEIVED KANSAS CORPORATION COMMISSION **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: ____Andrew D. Cole New Operator's License No. 32864 **BRENDA WALLER** Contact Person-CONSERVATION DIVISION WICHITA, KS New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: WGP-KHC LLC 05/31/2013 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT Signature: <u>Douglas C. Schultze</u> Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ 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.: __ Authorized Signature Authorized Signature DISTRICT . **PRODUCTION** Mail to: Past Operator_ **New Operator**

Must Be Filed For All Wells

* Lease Name:	HUGOTON USA		* Location: 27 26 34W:N 1				
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
C2	15055203990000	3960FSL	2640FEL	GAS	ACTIVE		
		FSL/FNL	FEVFWL				
0-W-i		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL		17-38-11-1		
		FSL/FNL	FEL/FWL		RECEIVED		
		FSL/FNL	FEL/FWL	KAP	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.

	Well Locatio				
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION		N \ Sec. 27 Twp.26 S. R. 34 Eas X West			
Address 1: P. O. BOX 4358		•			
Address 2:	•	c: HUGOTON USA Well #: C2			
Orty: HOUSTON State: TX	10.70	rm 1-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease be	the lease below: T026S - R034W: SEC 026 N2 SEC 027 N2			
Phone: (713 431-1859 Fax:	713 431-1475 T026S - R03				
Email Address: adam.e.scott@exxonmo	bil.com				
Surface Owner Information:					
Name: See Attached		When filing a Form T-1 involving multiple surface owners, attacts an additional 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 1:					
Address 2:	المراجب والمراجب والم	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 connectio form; and 3) my operator name, a	ithe subject well is or will be located: 1) a cop on with this form; 2) if the form being filed is a l address, phone number, fax, and email addres ion to the surface owner(s). I acknowledge tha	2032), I have provided the following to the surface py of the Form C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this ss. at, because I have not provided this information, the gate the additional cost of the KCC performing this			
	ing charged a \$30.00 handling fee, payable to				
	ayment of the \$30.00 handling fee with this for n CB-1, Form T-1, or Form CP-1 will be returne	rm. If the fee is not received with this form, the KSONA-1 ed.			
form and the associated Form C-1, Form		ed.			
form and the associated Form C-1, Form	n CB-1, Form T-1, or Form CP-1 will be returne	ed.			

JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15055203990000	Lease Name: _	HUGOTON I	JSA	Well #: <u>C2</u>
Own	er Name: TLW LAND & CAT	TLE LP			
	Address: PO BOX 2410				
	City: OKLAHOMA CITY	State:	OK Zip :	73118-2410	
	ner Name: Address:		·		
	City:	State:	Zip	:	
	er 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