#### 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,
MUST be submitted with this form.

MUST be submitted			
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.: 202084		
Gas Cathering System:	Lease Name:JONES		
Saltwater Disposal Well - Permit No.:	SW Sec. 11 Twp. 26 R. 34W EXW		
Spot Location: feet from N / S Line			
Spot Location:	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T026S - R034W: SEC 011 All		
Entire Project: Yes No			
Number of Injection Wells	County: Finney Production Zone(s): CHASE Injection Zone(s):		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed			
Surface Pit Permit No.:  (API No. If Drill Pit, WO or Haul)  Type of Pit: Emergency Bum Settling	ieet from N / S Line of Sectionieet from E / W Line of Section  Haul-Off Workover Drilling		
	Cartast Dames LAURIE KILBRIDE		
Past Operator's License No. 5208	Contact Person:		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 RECEIVED KANSAS CURPORATION COMMISSION		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: **Hadrew O. Cole**  CONSERVATION DIVISION		
	WICHITA, KO		
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		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature:		
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			
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pi		
Permit No.: Recommended action:	permitted by No.:		
Date	Date:		
Date:	Authorized Signature		
DISTRICT EPR _ 8/29/13	PRODUCTION 8.30.13 UIC 8-30-13		
Mail to: Past Operator / New Oper	rator District		

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	IONES		* Location:_11 26 34WSW			
Lease Name Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
5	15055007240000 /	2310FSL	2970FEL	GAS	ACTIVE	
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNI	FEL/FWL			
			FEL/FWI			
		FSL/FN	L FEL/FWI			
		FSL/FN	L FEL/FWI	L		
		FSL/FN				
		FSL/FN		L		
		FSL/FN				
		FSL/FN		r		
Belings minhip zer in Section 1800		FSL/FN				
		FSL/FN		_	RECEIVED	
		FSL/FI		K	ANSAS CORPORATION COMMISSIO	
		FSL/FI			JUN 1 8 2013	
		FSL/F			CONSERVATION DIVISION WICHITA, KS	
		FSL/F	NLFEUFV	WL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATION	Well Location:			
and the second s	Sw Sec. 11 Twp.26 S. R. 34 Eas X West			
Address 1: P. O. BOX 4358	County: Finney			
Address 2:	Lease Name: JONES Well #: 5			
Contact Person: ADAM SCOTT	N. G. ACRES ACT			
Phone: ( 713 431-1859 Fax: ( 713 431-1475	T026S - R034W: SEC 011 All			
Email Address: adam.e.scott@exxonmobil.com				
Surface Owner Information:	tion that makes comore attach an additional			
Name: See Attached	When filing a Form 1.1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface			
Address 1:	owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.			
Address 2:	County, and an increase of			
Слу: State: Zp:+				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, tal are preliminary non-binding estimates. The locations may be entered Select one of the following:	odic Protection Borehole Intent), you must supply the surface owners and nk 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.			
I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 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.			
form; and 3) my operator name, address, phone number, fax,				
form; and 3) my operator name, address, phone number, lax,	acknowledge that, because I have not provided this information, the			
form; and 3) my operator name, address, phone number, lax,  I have not provided this information to the surface owner(s). I  KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handli	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ng fee, payable to the KCC, which is enclosed with this form.  In fee with this form. If the fee is not received with this form, the KSONA-1			
form; and 3) my operator name, address, phone number, lax.  I have not provided this information to the surface owner(s). I  KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handli	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ng 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.  It to the best of my knowledge and belief.			
form; and 3) my operator name, address, phone number, lax,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handlif the second option, submit payment of the \$30.00 handlifform and the associated Form C-1, Form CB-1. Form T-1, or Form CI I hereby certify that the statements made herein are true and correct	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ng fee, payable to the KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 p-1 will be returned.			

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

### **Surface Owners**

API#: 15055007240000	Lease Name: JONES	S	Well #: _5
Owner Name: M S HOOKS F	ARMS LLC		
Address: 45 SHEFFIELD	PL		
City: SOUTHINGTO	N State: CT	<b>Zip:</b> 06489-1364	
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