KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 Form must be Typed Form must be Signed Ail 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 submitted	ted 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.: 202449		
Gas Gathering System:	Lease Name: LEE		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T026S - R036W: SEC 028 All		
Entire Project: Yes No			
Number of Injection Wells***	County: Kearny		
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		
	Haul-Off Workover OL Drilling		
Type of Pit: Emergency Burn Settling	THRUI-OIL TANKONE OK DIMING		
Past Operator's License No	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone:		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 RECEIVED		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Audrew D. Cole KANSAS CORPORATION COMMISSIO		
	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 WICHITA, KS		
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	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.:		
	Date		
Date:	Date:		
	PRODUCTION 8.29.13 UIC 8-29-13		
Mail to: Past Operator New Operat			

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

Side The

Must Be Filed For All Wells

* Lease Name:LEE			Location: 28	Location: 28 26 36Ws E		
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)	
2	15093000430000 🗸	2310FSL	2310FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
	_	FSL/FNL	FEUFWL	- VP-st		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
***************************************		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEL/FWL			
- T T T T T T T T	-	FSL/FNL	FEL/FWL			
****		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	- 1000	FSUFNL	FEL/FWL		M	
		FSL/FNL	FEL/FWL		-	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
a sellekira kanan di selapan pengan pengan dan pengan bahan berangan		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	***************************************	-	
		FSL/FNL	TEL/FWL	After a constituting part of the second seco	The second secon	
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	KAN	RECEIVED SAS CORPORATION COMMISSIO	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	

A separate sheet may be attached if necessary

_FEL/FWL _

_FSL/FNL _____

CONSERVATION DIVISION WICHITA, KS

^{*} 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.

Select the corresponding form being filed: C-1	dintent) CB-1 (Cathodic Protection Bo	rehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 5208	Well Location:	Well Location:		
Name: EXXONMOBIL OIL CORPORATION	2 (100 (100 (100 (100 (100 (100 (100 (10	SE_Sec. 28 Twp.26 S. R. 36 Eas X West		
Address 1: P. O. BOX 4358		ıy		
Address 2:	Lease Name:	LEE Well #: 2		
City: HOUSTON State: TX Zip: 772	10 + 4358 It filing a Form	T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	the lease belor	the lease below:		
Phone: (713 431- 185U Fax: (713 431-1	475 T026S - R036	W: SEC 028 All		
Email Address: adam.e.scott@exxonmobil.com				
Surface Owner Information:				
Name: See Attached		orn T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all	of the information to the left for each surface owner. Surface ion can be found in the records of the register of deeds for the		
Address 2:		he real estate property tax records of the county treasurer.		
City: State: Zip:	+			
Select one of the following:	ay be entered on the Form C-1 pa	at, Form CB-1 plat, or a separate plat may be submitted.		
CP-1 that I am filing in connection with this form form; and 3) my operator name, address, phon I have not provided this information to the surface.	well is or will be located: 1) a copy m; 2) if the form being filed is a For the number, fax, and email address. the owner(s). I acknowledge that, it	of the Form C-1, Form CB-1, Form T-1, or Form rm C-1 or Form CB-1, the plat(s) required by this		
task, I acknowledge that I am being charged a	\$30.00 handling fee, payable to th	e KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1, Form		. If the fee is not received with this form, the KSONA-1		
I hereby certify that the statements made herein are tru	ie and correct to the best of my kn	owledge and belief.		
Date: 6/15/2013 Signature of Operator or Agen	nl:M. Michael McNulty	Title: Regional Land Manager		
API # :15093000430000	KDOR #202449	RECEIVED KANSAS CORPORATION COMMISSION		

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15093000430000	_ Lease Name: _	LEE		Well #: _ 2
Owi	ne r Name: GUGELMEYE	R, CARYN JEAN & D	AVID J	ON TRUST	
	Address: 241 ROAD T				
	City: LAKIN	State:	KS	Zip: 67860	
Ow	ner Name:				
	Address:				
	City:	State:		Zip:	
Owi	ner Name: Address:				
	City:	State:		Zip:	
O	ner Name:				
OWI	Address:				
	City:	State:		Zip:	
	ner Name: Address:				
	City:	State:		Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS