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. Check Applicable Boxes: Oil Lease: No. of Oil Wells 7/1/2013 Effective Date of Transfer: Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: Gas Gathering System:_ Lease Name: A D MILLS Saltwater Disposal Well - Permit No.: ___ 26 R. _____feet from N/ S Line Legal Description of Lease: __ feet from DE/DW Line T026S - R034W: SEC 013 All 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 Emergency Type of Pit-Bum Haul-Off Workover 60 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 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: ____Andrew D. Cole **BRENDA WALLER** New Operator's License No. -Contact Person: . RECEIVED New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 KANSAS CORPORATION COMMISSION Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: WGP-KHC LLC **OKLAHOMA CITY, OK 73102** 05/31/2013 CONSERVATION DIVISION Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze WICHITA, KS 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 _____. Recommended action: permitted by No.: __ Authorized Signature DISTRICT ... PRODUCTION.

District

New Operator

Mail to: Past Operator_

Side Two

N

Must Be Filed For All Wells

Lease Name:	A D MILLS	* Location: 13 26 34WSW					
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet i	Section Line from South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
2	15055206100000 /	2310FSL	2970FEL_	GAS	ACTIVE		
		1 001 112	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				
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		FSL/FNL	FEL/FWL		JUN 1 8 2013		
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION		

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.

	1864 I	.ocation:			
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORA		SW Sec. 13 Twp.26 S. R. 34 Eas X West			
Aridress 1: P. O. BOX 4358		ty: Finney			
Address 2:	•	Name: AD MILLS Well #: 2			
City: HOUSTON State: T)	4050				
Contact Person: ADAM SCOTT		If filing a Form 1-1 for multiple wells on a lease, enter the legal description the lease below:			
Phone: (713 431-11859 Fa		S - R034W: SEC 013 All			
Email Address: adam.e.scott@exxonn	nobil.com				
Surface Owner Information:					
Name: See Attached	When I	When filing a Form T.1 involving multiple surface owners, attach an additional			
Address 1:	sheet la	sheet listing all of the information to the left for each surface owner. Surface			
Address 2:	county	information can be found in the records of the register of deeds for the and in the real estate property tax records of the county treasurer.			
Orly: State;	Zio: +				
Select one of the following:	ŕ	n C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
	Cansas Surface Owner Notice Act (House	e Bill 2032), I have provided the following to the surface			
owner(s) of the land upon whice CP-1 that I am filing in connect	ch the subject well is or will be located: 1) .	a copy of the Form C-1, Form CB-1, Form T-1, or Form			
owner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information of the land th	ch the subject well is or will be located: 1) ion with this form; 2) if the form being filed address, phone number, fax, and email a ation to the surface owner(s). I acknowledghis information to the surface owner(s). To	a copy of the Form C-1, Form CB-1, Form T-1, or Form			
owher(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name. I have not provided this information of the land that I am is the choosing the second option, submit if choosing the second option, submit is connected.	ch the subject well is or will be located: 1) lon with this form: 2) if the form being filed e, address, phone number, fax, and email a address, phone number, fax, and email a address, phone number (s). I acknowledghis information to the surface owner(s). To being charged a \$30.00 handling fee, payables.	a copy of the Form C-1, Form CB-1, Form T-1, or Form t is a Form C-1 or Form CB-1, the plat(s) required by this address. ge that, because I have not provided this information, the principal of the mitigate the additional cost of the KCC performing this ble to the KCC, which is enclosed with this form. This form, If the fee is not received with this form, the KSCNAA.1			
owner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information KCC will be required to send that I am is a choosing the second option, submit form and the associated Form C-1, For	ch the subject well is or will be located: 1) illion with this form; 2) if the form being filed it, address, phone number, fax, and email a ation to the surface owner(s). I acknowledghis information to the surface owner(s). To being charged a \$30.00 handling fee, payable payment of the \$30.00 handling fee with the	a copy of the Form C-1, Form CB-1, Form T-1, or Form this a Form C-1 or Form CB-1, the plat(s) required by this address. ge that, because I have not provided this information, the ormitigate the additional cost of the KCC performing this ble to the KCC, which is enclosed with this form. In the fee is not received with this form, the KSONA-1 eturned.			
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 15055206100000		Lease Name: _	A D MILLS			Well #: _2				
Owner Name: WHEATLAND ELECTRIC COOPERATIVE INC										
,	Address:	PO BOX 1078								
	City:	GARDEN CITY	State:	KS	Zip:	67846-1078				
	er Name:									
	Address:									
	City:		State:		Zip:					
Own	er Name:									
4	Address:									
	City:		State:		Zip:					
Owne	er Name:									
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	City:		State:		Zip:					
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	City:		State:		Zip:					

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS