#### 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 Boxes: MUST be submitted                                 | ted with this form.  |  |  |  |
|---|--|--|--|--|
| Oil Lease: No. of Oil Wells***  | Effective Date of Transfer: 7/1/2013                                       |  |  |  |
| Gas Lease: No. of Gas Wells**   | KS Dept of Revenue Lease No.: 221766                                       |  |  |  |
| Gas Gathering System:   | Lease Name: AD MILLS UNIT  |  |  |  |
| Saltwater Disposal Well - Permit No.:                                     |  |  |  |  |
| Spot Location: feet from N / S Line                                       | E2 . E2 . NE . NW.Sec 13 Twp 26 R 34W EXW                                  |  |  |  |
| feet from E / W Line  | Legal Description of Lease:  |  |  |  |
| Enhanced Recovery Project Permit No.:                                     | T026S - R034W: SEC 013 All   |  |  |  |
| Entire Project: Yes No  |  |  |  |  |
| Number of Injection Wells***  | County: Finney   |  |  |  |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE                         | Production Zone(s):  |  |  |  |
| ** Side Two Must Be Completed.  | Injection Zone(s):   |  |  |  |
|   |  |  |  |  |
| Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)                 | feet from N / S Line of Section  |  |  |  |
| (API NG II DIM FIL, WO OI FIME)   | feet from E / W Line of Section  |  |  |  |
| Type of Pit: Emergency Burn Settling                                      | Haul-Off Workove Drilling  |  |  |  |
| 5208  | Contact Person: LAURIE KILBRIDE RECEIVED  KANSAS CORPORATION COMMISSION    |  |  |  |
| Past Operator's License No. 5208  | 10010 00 m   |  |  |  |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION                | Phone: 713-431-1182 JUN 2 1 2013   |  |  |  |
| P. O. BOX 4358, HOUSTON, TX 77210-4358                                    | Date: 05/31/2013   |  |  |  |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT                               | Signature: Andrew D. Cole WICHITA, KS                                      |  |  |  |
|   |  |  |  |  |
| New Operator's License No. 32864  | Contact Person: BRENDA WALLER  |  |  |  |
|   | ANE 240.2250   |  |  |  |
| New Operator's Name & Address: XTO ENERGY INC.                            | Priorie:   |  |  |  |
| 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   | authorization, surface pit permit # has been                               |  |  |  |
|   | Commission. This acknowledgment of transfer pertains to Kansas Corporation |  |  |  |
| Commission records only and does not convey any ownership interest in the |  |  |  |  |
|   | •  |  |  |  |
| 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   |  |  |  |
| Mail to: Past Operator New Operator                                       |  |  |  |  |

#### Side Two

#### Must Be Filed For All Wells

| ease Name: | AD MILLS UNIT                |                                    | Location: 13                    | 26 34WNW                         |                                    |  |
|------------|------------------------------|------------------------------------|---------------------------------|----------------------------------|------------------------------------|--|
| Well No.   | API No.<br>(YR DRLD/PRE '67) | Footage from<br>(i.e. FSL = Feet f | Section Line<br>rom South Line) | Type of Well<br>(Ol/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandone |  |
|            | 1505521822 🗸                 | 600FNL                             | 2530FWL                         | СВ                               | DR                                 |  |
|            |                              | FSL/FNL                            |                                 |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            |                                 |                                  | ·                                  |  |
|            |                              | FSL/FNL                            | -                               |                                  |                                    |  |
|            |                              |                                    |                                 |                                  |                                    |  |
|            |                              | FSL/FNL                            |                                 |                                  |                                    |  |
|            |                              |                                    | -                               |                                  |                                    |  |
|            |                              |                                    |                                 |                                  |                                    |  |
|            |                              | FSL/FNL                            |                                 |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
| 186.41.00  |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  |                                    |  |
|            |                              | FSL/FNL                            | FEL/FWL                         | KANSAS C                         | RECEIVED<br>CORPORATION COMMISSION |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  | IUN 2 1 2013                       |  |
|            |                              | FSL/FNL                            | FEL/FWL                         | •                                | NSERVATION DIVISION                |  |
|            |                              | FSL/FNL                            | FEL/FWL                         |                                  | WICHITA, KS                        |  |

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.

| 5208  |   | M/- W 4  |                     |  |
|---|---|--|---------------------|--|
| OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATION  |   | Well Location:   | Two 26              | S. R. 34 East X West   |
|   |   |  | •                   |  |
|   |   | County: Finney   |                     | Well #: 3  |
| Address 2:  |   |  |                     |  |
| City: HOUSTON State: TX Zip:  | 77210 44 4330   | If filing a Form T-1 for multiple<br>the lease below:            | wells on a          | n lease, enter the legal description of                                      |
| Contact Person: ADAM SCOTT  | 431-1475  | T026S - R034W: SEC 013 All                                       | ı                   |  |
| Phone: ( 713 431-1859 Fax: ( 713  | 7-1470  |  |                     |  |
| Email Address: adam.e.scott@exxonmobil.com  |   |  |                     |  |
| Surface Owner Information:  |   |  |                     |  |
| Name: See Attached  |   |  |                     | surface owners, attach an additional<br>left for each surface owner. Surface |
| Address 1:  |   | owner information can be foun                                    | nd in the re        | cords of the register of deeds for the                                       |
| Address 2:  |   | county, and in the real estate p                                 | property ta         | x records of the county treasurer.   |
| City: State: Zip:   | +   |  |                     |  |
| are preliminary non-binding estimates. The location Select one of the following:  | ons may be entered on                                     | mer anne i pay, i em ez .  | <i>- p.a.,</i> or a |  |
| I certify that, pursuant to the Kansas Su<br>owner(s) of the land upon which the subj<br>CP-1 that I am filing in connection with th<br>form; and 3) my operator name, address, | ject well is or will be loo<br>is form; 2) if the form be | ated: 1) a copy of the Form (<br>sing filed is a Form C-1 or For | C-1, Form           | n CB-1, Form T-1, or Form  |
| I have not provided this information to the KCC will be required to send this informatask, I acknowledge that I am being charge   | ation to the surface owr                                  | er(s). To mitigate the addition                                  | nal cost o          | of the KCC performing this   |
| If choosing the second option, submit payment o<br>form and the associated Form C-1, Form CB-1, F   | of the \$30.00 handling form T-1, or Form CP-1            | ee with this form. If the fee is will be returned.               | not rece            | ived with this form, the KSONA-1   |
| I hereby certify that the statements made herein a  | are true and correct to t                                 | he best of my knowledge and                                      | i belief.           |  |
| Date: 6/15/2013 Signature of Operator of  | r Agent: M. Michael                                       | McNulty  | Title: R            | egional Land Manager   |
| API # :1505521822   | KDOR #221766  |  |                     | RECEIVED<br>KANSAS CORPORATION COMMISSIO                                     |

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

JUN 2 1 2013

CONSERVATION DIVISION WICHITA, KS

### **Surface Owners**

| API#: _ | 1505521              | 822                        | Lease Name: _      | AD MII | LS UN | IIT   | <br>Well #: <u>3</u> |  |
|---------|----------------------|----------------------------|--------------------|--------|-------|-------|----------------------|--|
|         |                      | Wheatland Electri          | c Cooperative Inc. |        |       |       |                      |  |
| 4       | Address:             | PO Box 1078<br>Garden City |                    |        |       |       |                      |  |
|         | City:                |                            | State:             | KS     | Zip:  | 67846 |                      |  |
|         | er Name              |                            | ž                  |        |       |       |                      |  |
|         | Address:             | :                          |                    |        |       |       |                      |  |
|         | City:                |                            | State:             |        | Zip:  | ;     |                      |  |
|         | er Name:<br>Address: |                            |                    |        |       |       |                      |  |
|         | City                 | :                          | State:             |        | Zip:  |       |                      |  |
|         | er Name:             |                            |                    |        |       |       |                      |  |
|         | Address:             |                            |                    |        |       |       |                      |  |
|         | City:                |                            | State:             |        | Zip:  |       |                      |  |
|         | er Name:<br>Address: |                            |                    |        |       |       |                      |  |
|         | City:                |                            | State:             |        | Zip:  |       |                      |  |

RECEIVED KANSAS CORPORATION COMMISSION

JUN 2 1 2013

CONSERVATION DIVISION WICHITA, KS