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 Compilance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form

Check Applicable Boxes: MUST be sub	mitted with this form.
Check Applicable Boxes: Oil Lease: No. of Oil Wells X Gas Lease: No. of Gas Wells Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed.	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 221188 Lease Name: BOLENBAUGHMOYER
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from
Past Operator's License No. 5208 Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Contact Person:LAURIE KILBRIDE Phone:713-431-1182 Date:05/31/2013 Signature:Audrew D. Cole
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Contact Person: BRENDA WALLER Phone: 405-319-3259 KANSAS CORPORATION COMMISSION Oil / Gas Purchaser: WGP-KHC LLC JUN 1 8 2013 Date: 05/31/2013 CONSERVATION DIVISION WICHITA, KS
	authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit.
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
Authorized Signature	PRODUCTION OCT 2 4 2013 UIC 10 -24-13

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	221188

* Lease Name: Well No.	BOLENBAUGHMOYER	* Location: 6 27 35W/V W				
	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (OlVGas/INL/WSW)	Well Status (PROD/TA'D/Abandoned)	
3		1250FNL	1250FWL	GAS	ACTIVE	
		 FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
			FEL/FWL	PARTY OF THE PROPERTY OF THE P		
	***	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	-		
···		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL	FEL/FWL	K	ANSAS 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.

5208	
OPERATOR: License # 5208	Well Location:
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	
Address 2:	County: Grant
Cay: HOUSTON State: TX Zip: 77210 + 4358)
Contact Person: ADAM SCOTT	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: (713 431- 1859 Fax: (713 431-1475	T027S - R035W: SEC 006 AII
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form T.1 involving multiple surface owners, attach an additional
Address 1:	chart fiction all at the intermetion to the left he and mutual access. First and
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	
Select one of the following:	ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or wi	otice Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.
KCC will be required to send this information to the surfa	 s). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this indling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 had form and the associated Form C-1, Form CB-1, Form T-1, or Forn	ndling fee with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned.
hereby certify that the statements made herein are true and con	rect to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent: 20. 2	Michael McNutty Regional Land Manager
API # :15067213770001 KDOR #22	21188 RECEIVED KANSAS CORPORATION COMMISSION

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

JUN 1 8 2013

Surface Owners

API#:	15067213770001	Lease Name: _	BOLE	NBAUG	HMOYER	Well #: _3	
	er Name: SMITH, LARRY K						
	Address: 8569 E RD 2						
	City: ULYSSES	State:	KS	Zip:	67880		
	ner Name: MOYER, DAVID G Address: 1781 PEACH LN	6 & KAY					
	City: METTER	State:	GA	Zip:	30439-8972		
	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