KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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: | ideo wan ing torn. | | | |
|--|---|--|--|--|
| 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.: 200366 | | | |
| Gas Gathering System: | Lease Name: BOLES | | | |
| 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.: | T031S - R035W: SEC 034 SW4, SE4, NE4, NW4 | | | |
| Entire Project: Yes No | | | | |
| Number of Injection Wells ** | County: Stevens | | | |
| 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. Il Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling | feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover 62 Drilling | | | |
| Past Operator's License No | Contact Person: LAURIE KILBRIDE | | | |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION | Phone: _713-431-1182 | | | |
| P. O. BOX 4358, HOUSTON, TX 77210-4358 | 05/04/0040 | | | |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT | Signature: | | | |
| New Operator's License No32864 / | 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 KCC WICHIT | | | |
| OKLAHOMA CITY, OK 73102 | Dale: 05/31/2013 JUN 18 2013 | | | |
| Title: SR. OPERATIONS VICE PRESIDENT | Signature: Douglas C. Schultze | | | |
| | RECEIVED | | | |
| Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duty 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: | Date: | | | |
| | PRODUCTION 10 · 1 · 13 UIC 10 -1 ~ 13 | | | |
| | torDistrict | | | |
| | | | | |

Side Two

Must Be Filed For All Wells

| Lease Name | BOLES | | Location: 34 | 131 35 WNW | |
|------------------------------------|------------------|--|------------------|--|---|
| 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) |
| 4 | 15189001890000 🗸 | 1846 2640FSL | 2.840 2640FEL | GAS | ACTIVE |
| | | | FEL/FWL | | |
| | | | | | |
| | | | | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | #14 10 #44 D | |
| | | FSL/FNL | FEUFWL | · · · · · · · · · · · · · · · · · · · | - |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
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| | | FSL/FNL | FEL/FWL | 4.4.70 | |
| | | FSL/FNL | FEL/FWL | - | |
| | | FSL/FNL | FEL/FWL | 1 | |
| | | FSL/FNL | | | |
| | | FSL/FNL | | | |
| | | | | Law Spirite Company Co | |
| | | | FEL/FWL | Annual control of the state of | |
| | | | FEL/FWL | - In the set of Authorization in the contract | Maria and Administrative Control of the Control of |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | KCC WICHIT |
| | - | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | description of the second | JUN 1 8 2013 |
| | | F\$L/FNL | FEL/FWL | | RECEIVED |

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.

| Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notic owner(s) of the land upon which the subject well is or will b CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax | e Act (House Bill 2032), I have provided the following to the surface to located: 1) a copy of the Form C-1, Form CB-1. Form T-1, or Form the being filed is a Form C-1 or Form CB-1. The plat(s) required by this | | |
|--|--|--|--|
| are preliminary non-binding estimates. The locations may be entere | d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca the KCC with a plat showing the predicted locations of lease roads to | thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat | | |
| City: State: Zip:+ | | | |
| Address 2: | owner information can be found in the records of the register of deeds for the | | |
| Name: See Attached Address 1: | When filing a Form T.1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface | | |
| Surface Owner Information: | | | |
| Email Address: adam.e.scott@exxonmobil.com | - | | |
| Phone: (713 431 185 q Fax: (713 431-1475 | T031S - R035W: SEC 034 SW4, SE4, NE4, NW4 | | |
| Contact Person: ADAM SCOTT | If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below; | | |
| Address 2: | Lease Name: BOLES Well #: 4 | | |
| Address 3. | County: Stevens | | |
| Address 1: F. O. BOX 4306 | | | |
| Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358 | | | |

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

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Surface Owners

| API#: | 1518900 | 01890000 | Lease Name: _ | BOLES | 3 | | Well #: _4 | |
|-------|-----------------------|---------------|-----------------|-------|--------|------------|------------|--|
| | | | | | | | | |
| Own | er Name: | ROONEY AGRI E | SUSINESS A KS G | ENERA | L PTNS | SHP SHP | | |
| | Address: | 1961 RD CC | | | | | | |
| | City: | SATANTA | State: | KS | Zip: | 67870-8759 | | |
| | ner Name: Address: | | | | | | | |
| | Address. | | | | | | | |
| | City: | | State: | | Zip: | | | |
| | | | | | | | | |
| Own | er Name: | | | | | | | |
| | Address: | | | | | | | |
| | City: | | State: | | Zip: | | | |
| | | | | | | | | |
| | | | | | | | | |
| One | er Name: | | | | | | | |
| | Address: | | | | | | | |
| | City: | | State: | | Zip: | | | |
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| | | | | | | | | |
| | er Name: Address: | | | | | | | |
| | City: | | State: | | Zip: | | | |

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