KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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:	nitted with this form.			
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013			
Gas Fodos: Mr. of Gas Molts	KS Dept of Revenue Lease No.: 208206			
Gas Gathering System:	Lease Name: BOVIE			
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.:	T034S - R037W: SEC 019 NE4, SE4, E2 SW4, E2 NW4 (NWNW) (SWNW) (NWSW) (SWSW)			
Entire Project: Yes No				
Number of Injection Wells ••	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE			
** 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			
Type of Pit: Emergency Burn Settling	leet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover D(Drilling			
Past Operator's License No5208 /	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: _713-431-1182 KANSAS CORPORATION COMMISSION			
P. O. BOX 4358, HOUSTON, TX 77210-4358				
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: 05/31/2013 JUN 1 8 2013			
Title: ROO MANAGERIAGENI & ATTORNET-IN-FACT	Signature: Audrew D. Cole CONSERVATION DIVISION			
	WICHITA, KS			
New Operator's License No. 32864	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			
OKLAHOMA CITY, OK 73102	Date: 05/31/2013			
Title: SR. OPERATIONS VICE PRESIDENT				
	Signature: <u>Douglas C. Schultze</u>			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the a	shows injection walker or nit nermit			
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			
Authorized Signature /	Date:			
DISTRICT EPR	PRODUCTION OCT 3 0 2813 UIC 10-30-13			
	r District			

Side Two

1

Must Be Filed For All Wells

.ease Name			Location: 19	3 744 til a 4		
	-				4	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Lif (i.e. FSL = Feet from South		Type of Well Times (Oll/Gas/INJ/WSW)	Well Status VSW) (PROD/TA'D/Abandone	
12	15189203280000	1250FSL	₩ 1250F É L	GAS	ACTIVE	
		FSL/FNL	FEL/FWL	·		
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL	- ATT	****	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEUFWL			
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		A SAME AND A COLOR OF THE SAME	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	KANSAS	RECEIVED CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL		C	ONSERVATION 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.

Surface Owners

API#:	15189203280000	Lease Name: _	BOVIE		Well #: _1-	-2
Our	er Name: MID AMER	DICA CATTLE OO			- MAR	·
	Address: PO BOX 8				:-::::::::::::::::::::::::::::::::::::	
·	Addition. TO BOX 0					
	City: HUGOTON	N State:	KS Zip:	67951-0818		
Own	er Name:					
	Address:					
	City:	State:	Zip:			
	er Name: Addr ess :					
	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