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 Hotification Act,

| MUST be submi | itted with this form. | | | |
|--|---|--|--|--|
| Check Applicable Boses: | Effective Date of Transfer: 7/1/2013 | | | |
| X Gas Lease: No. of Gas Wells | KS Dept of Revenue Lease No.: 200400 | | | |
| Gas Gathering System: | Lease Name: BROWN | | | |
| Saltwater Disposal Well - Permit No.: | Lease Name:Sec27 Twp24 R34W E XW | | | |
| Spot Location: feet from N / S Line | Legal Description of Lease: | | | |
| feet from E / W Line | T024S - R034W: SEC 027 All | | | |
| Enhanced Recovery Project Permit No.: | | | | |
| Entire Project: Yes No | County: Finney Production Zone(s): CHASE | | | |
| Number of Injection Wells | | | | |
| Field Name: | Injection Zone(s): | | | |
| Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling | leat from □ N / □ S Line of Sectionleat from □ E / □ W Line of Section □ Haul-Off □ Workover ○ 2 □ Dritting | | | |
| type of Fig. | 1 ALIGIE VII BRIDE | | | |
| Past Operator's License No | Contact Person: | | | |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION | Phone: 713-431-1182 | | | |
| P. O. BOX 4358, HOUSTON, TX 77210-4358 | Date: 05/31/2013 | | | |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT | Signature: Andrew D. Cole | | | |
| | RECEIVED KANSAS CORPORATION COMMISSION | | | |
| 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 CONSERVATION DIVISION WICHITA, KS | | | |
| | Date: 05/31/2013 | | | |
| OKLAHOMA CITY, OK 73102 | Signature: Douglas C. Schuttze | | | |
| Title: SR. OPERATIONS VICE PRESIDENT | Signature: | | | |
| Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the | on Commission. This acknowledgment of transfer pertains to Kansas Corporation | | | |
| 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: | | | |
| 11/33/13 | PRODUCTION 0C1 2 3 2013 UIC 10-2-3-13 | | | |
| DISTRICT EPR New Opt | PRODUCTION District | | | |
| | | | | |

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

Slds Two

Must Be Filed For All Wells

| _ease Name | BROWN | | Location: 27 | 24 34W | |
|---------------------------------------|-----------------------------|-------------------------------------|--------------|-----------------------------------|--|
| Well No. | API No. (YR DRLD/PRE 67) | Footage from (i.e. FSL = Feet fr | Section Line | Type of Well (OlirGas/INJ/WSW) | Well Status (PROD/TA'D/Abendoned) |
| 27 | 15055004900000 / | 2640FSL | 2640FEL | GAS | ACTIVE |
| | | | | | · |
| | | 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/FN | FEL/FWL | | |
| | | FSL/FN | FEL/FWL | | |
| | | FSL/FN | L FEL/FWL | | The second secon |
| <u> </u> | | FSL/FN | LFEL/FWI | | |
| | | FSL/FN | LFEL/FWI | | |
| - | | FSL/FN | LFEL/FWI | | RECEIVED KANSAS CORPORATION COMMISS |
| | | FSL/FN | | | JUN 1 8 2013 |
| | | FSL/FN | | | CONSERVATION DIVISION |
| | | FSL/FN | LFEL/FWI | | - 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.

| OPERATOR: License # 5208 | Well Location: | | | |
|---|---|--|--|--|
| Name: EXXONMOBIL OIL CORPORATION | | | | |
| Address 1: P. O. BOX 4368 | County: Finney | | | |
| Address 2: | Lease Name: BROWN Well #: 27 | | | |
| City: HOUSTON State: TX Zip: 77210 + 4358 | If filing a Form T-1 for multiple wells on a lease, enter the legal description | | | |
| Contact Person: ADAM SCOTT | the lease below: T024S - R034W: SEC 027 All | | | |
| Phone: (713 431-1859 Fax: (713 431-1476 | | | | |
| Email Address: adam.e.scott@exxonmobil.com | | | | |
| Surface Owner Information: | - A My and | | | |
| Name: See Attached | 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 | | | |
| Address 1: | owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer. | | | |
| Address 2: | variables = - | | | |
| City: State: Zip:+ | - | | | |
| Select one of the following: | s, tarik balleries, pipelines, and electrica lines. The balleries plat may be submitted. Pered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | |
| | was to the said 2022). I have provided the following to the surface | | | |
| I certify that, pursuant to the Kansas Surface Owner No | otice Act (House Bill 2032), I have provided the following to the surface lift 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. | | | |
| I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner. | form being filed is a Form C-1 or Form CB-1, the plat(s) required by this | | | |
| I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner KCC will be required to send this information to the surface it task, I acknowledge that I am being charged a \$30.00 has | form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. (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 andling fee, payable to the KCC, which is enclosed with this form. | | | |
| I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or w CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number. I have not provided this information to the surface owner KCC will be required to send this information to the surface itself, I acknowledge that I am being charged a \$30.00 has the beautiful the second entire submit navment of the \$30.00 has | form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. (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 andling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 or CP-1 will be returned. | | | |
| I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or w CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number. I have not provided this information to the surface owner KCC will be required to send this information to the surface owner task, I acknowledge that I am being charged a \$30.00 has lift choosing the second option, submit payment of the \$30.00 has form and the associated Form C-1, Form CB-1, Form T-1, or Form I hereby certify that the statements made herein are true and continued to the surface owner. | form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. (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 andling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 or CP-1 will be returned. | | | |

Mail to: KCC - Conservation Division, 139 S. Market - Room 2078, Wichita, Kansas 67202

JUN 1 8 2013

Surface Owners

| AP#: 15055004900000 | Lease Name: _ | BROWN | |
|----------------------------------|---------------|---------|------------|
| | | | |
| Owner Name: IOWA BEE | | | • |
| Address: Attn: TAX I PO BOX 2 | | | |
| City: SPRINGD/ | ALE State: | AR Zip: | 72765-2020 |
| Owner Name: | | | |
| Address: | | | |
| City: | State: | Zip: | 1 |
| Owner Name: | | | |
| Address: | | | |
| City: | State | : Zip: | |
| Owner Name: | | | |
| Address: | | | |
| City: | State | : Zip: | |
| Owner Name: | | | |
| Address: | State | e: Zip | |
| City: | State | ,. ∠ip | • |

Lease Name: BROWN

RECEIVED KANSAS CORPORATION COMMISSION

Well #: _27

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS