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 submit	tted with this form.
Check Applicable Boxes: Oil Lease: No. of Oil Wells* Gas Lease: No. of Gas Wells* Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line teet 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: KS Dept of Revenue Lease No.: Lease Name: BRUBAKER S2 Sec. 2 Twp. 34 R. 37W EXW Legal Description of Lease: T034S - R037W: SEC 002 SW4, SE4, S2 NE4 (NENE) (NWNE) SEC 010 NE4 County: Stevens Production Zone(s): CHASE Injection Zone(s):
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from N / S Line of Sectionfeet from E / W Line of Section Haul-Off Workover D Drilling
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 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 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 the new operator and may continue to inject Iluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
Date:	Date:
DISTRICT EPR _/D/24//3 Mail to: Past Operator New Operator	PRODUCTION OCT 2 5 2013 UIC 10-25-13

Side Two

Must Be Filed For All Wells

Lease Name:	BRUBAKER	* Location: 2 34 37WS/2_					
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet fi	Section Line rom South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
1	15189005800001	1320F/IL	100F/NL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL		A STATE OF THE STA		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	•			
		FSL/FNL	FEUFWL				
		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	<u> </u>			
		FSL/FNL	FEL/FWL				
		FSL/FNL					
And the state of t	PRODUCT AND ADMINISTRATION OF THE PRODUCT OF THE PR	FSL/FNL	production and a process				
		FSL/FNL					
Antoning Materials 244 Commercials (Challenger Challenger)	1000 2000 Access (1000 1000 1000 1000 1000 1000 1000 1	FSL/FNL		**Manufacture (Manufacture) - 1 announcement (Manufacture) Announcement (Manufacture) (Manufa			
		FSL/FNL			KCC WICHITA		
		FSL/FNL					
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
		FSL/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.

OPERATOR: License # 5208	·	Well Location:			
Name; EXXONMOBIL OIL CORPORATION	ON		Twp.34 S. R. 37 Eas X West		
Address 1: P. O. BOX 4358		County: Stevens			
Address 2:		Lease Name: BRUBAKER	Well #: _1		
Crity: HOUSTON State: TX Contact Person: ADAM SCOTT	Zip: 77210 ++ 4358	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T034S - R037W: SEC 002 SW4, SE4, S2 NE4 (NENE) (NWNE)			
	713 431-1475				
	bil.com	SEC 010 NE4			
Surface Owner Information:	•				
Name: See Attached		When filing a Form T.1 involv	ring multiple surface owners, attach an additional		
Address 1:		sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the			
Address 2:			property tax records of the county treasurer.		
City: State:	Zip:+				
Select one of the following:	ne locations may be entered or	rine i di in di i piat, i di in da	1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which	the subject well is or will be lo in with this form; 2) if the form b	cated: 1) a copy of the Form eing filed is a Form C-1 or Fo	provided the following to the surface C-1, Form CB-1, Form T-1, or Form orm CB-1, the plat(s) required by this		
	s information to the surface ow	ner(s). To mitigate the addition	ave not provided this information, the onal cost of the KCC performing this ch is enclosed with this form.		
If choosing the second option, submit po form and the associated Form C-1, Form			s not received with this form, the KSONA-1		
I hereby certify that the statements mad	e herein are true and correct to	the best of my knowledge an	d belief.		
Date: 6/15/2013 Signature of C	Operator or Agent:	l McNulty	_ Title:Regional Land Manager		
API#:15189005800001	KDOR #200434		KCC WICHITA		

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

JUN 1 8 2013

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Surface Owners

API#:	1518900	5800001	Lease Name:	BRUBAK	(ER		Well #: <u>1</u>
•							
Owr	er Name:	LEININGER, CH	ELLE D & HEGER,	ANGELA	G		
	Address:	1226 ROAD 16					
	City:	HUGOTON	State:	KS	Zip:	67951-5163	
Ow	ner Name: Address:						
	City:		State:		Zip:		
Owi	ner Name: Address:						
	City	:	State:		Zip:		
Owi	ner Name: Address:						
	City:		State:		Zip:		
Owi	ner Name: Address:						
	City:		State:		Zip:		

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