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 Compilance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes: MUST be submit	ted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013		
X Gas Lease: No. of Gas Wells "	KS Dept of Revenue Lease No.: 203071		
Gas Gathering System:	Lease Name: C F PATTERSON		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	<u>5£sec. 14 Twp. 28 R. 37W</u>		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T028S - R037W: SEC 014 All		
Entire Project: Yes No			
Number of Injection Wells**	County: Grant		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	Injection Zone(s):		
	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. II Drill Pit, WO or Haul)	feet from ☐ E / ☐ W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OP Drilling		
1/			
Past Operator's License No. 5208 V	Contact Person: LAURIE KILBRIDE RECEIVED KANSAS CORPORATION COMMISSION		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013		
Title: _RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION		
,	WICHITA, KS		
20004	Contact Domes BRENDA WALLER		
New Operator's License No. 32864	COFILED L PRISON.		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title: _ SR. OPERATIONS VICE PRESIDENT	Signaturo: Douglas C. Schultze		
1105.	organicas.		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
•	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
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	Cata		
Date:	Date:		
	PRODUCTION 10.21.15 UIC 10-21-13		
Mail to: Past Operator New Operato			

Side Two

Must Be Filed For All Wells

Lease Name	C F PATTERSON		Location: 14	1 28 37W S €	
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandons
1	15067005450000	2310FSL	2310FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
,		FSL/FNL	FEL/FWL		
	and the second of the second o	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	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	W0 00000-144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
		FSL/FNL	FEL/FWL		200
propagation of the second production and		FSL/FNL	FEL/FWL		
····		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		- RECEIVED
		FSL/FNL	FEL/FWL		CORPORATION COMMISSION
	· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL		JUN 1 8 2013
		FSL/FNL	FEL/FWL	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.

Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1 hity 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 Lo	ocation:			
Name: EXXONMOBIL OIL CORPORAT	ION				
Address 1: P. O. BOX 4358	County	; Grant			
Address 2:		Name: C F PATTERSON Well #: 1			
City: HOUSTON State: TX		If filing a Form 1-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	TAAR	the fease below: T028S - R037W: SEC 014 All			
Phone: (713 431-1859 Fax	r: {	- 100/W. 3L0 017 All			
Email Address: adam.e.scott@exxonme	obil.com				
Surface Owner Information:					
Name: See Attached	When (When filing a Form 1-1 involving multiple surface owners, attach an additional			
Address 1:		isting all of the information to the left for each surface owner. Surface information can be found in the records of the register of deeds for the			
Address 2:	county	and in the real estate property tax records of the county freasurer.			
City: State:					
owner(s) of the land upon whic CP-1 that I am filing in connecti form; and 3) my operator name. I have not provided this informa KCC will be required to send the	h the subject well is or will be located: 1) on with this form; 2) if the form being filed, address, phone number, fax, and email a tion to the surface owner(s). I acknowledge is information to the surface owner(s). To	Bill 2032), I have provided the following to the surface a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this iddress. Jet that, because I have not provided this information, the mitigate the additional cost of the KCC performing this bile to the KCC, which is enclosed with this form.			
If choosing the second option, submit p form and the associated Form C-1, For	payment of the \$30.00 handling fee with them CB-1, Form T-1, or Form CP-1 will be re	nis form. If the fee is not received with this form, the KSONA-1 ulturned.			
I hereby certify that the statements made	de herein are true and correct to the best of	of my knowledge and belief.			
Date: 6/15/2013 Signature of	Operator or Agent:	Tille: Regional Land Manager			
API # :15067005450000	KDOR #203071	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

Surface Owners

API#: 1506700545	0000 Lease Name	: CFPAT	TERSON		Well #:
	TTERSON, N KENNETH JR 3 N SIMPSON ST	ETAL TOD			
City: UL	YSSES S	tate: KS 2	Zip: 67880)	
Owner Name: Address: City:	Si	tate:	Zip:		
Owner Name: Address: City:	S	tate:	Zip:		
Owner Name: Address: City:	Se	tate:	Zip:		
Owner Name: Address: City:	S	tate:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS