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,

Check Applicable Boxes:	ied 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.: 219923 Lease Name: CHARLES HOFFMAN			
Gas Gathering System:				
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.:	T027S - R035W: SEC 007 All			
Entire Project: Yes No				
Number of Injection Wells **	County: Grant Production Zone(s): CHASE			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	leet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover OR Drilling			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	05/04/0049			
	VAIA.			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u>			
New Operator's License No. 32864	Contact Person: BRENDA WALLER KANSAS CORPORATION COMMISSI			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC			
ZIO I ARRAZEROL, GOITE 2000	CONSERVATION DIVISION			
OKLAHOMA CITY, OK 73102	Date: 05/31/2013 WICHITA, KS			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>			
Acknowledgment of Transfer: The above request for transfer of injection anoted, 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:			
(2/22//3	PRODUCTION <u>CCT 2 3 2013</u> UIC 10-23-13			
Mail to: Past Operator New Operator				
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Must Be Filed For All Wells

* Lease Name: CHARLES HOFFMAN			Location: 7	Location: 7 27 35W NE		
Well No.	API No. (YR ORLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Section Line	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
3 INF	15067213110000	3725FSL	1250FEL	GAS	ACTIVE	
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEUFWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
***		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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<u></u>	**************************************	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		JUN 1 8 2013 CONSERVATION DIVISION	
		FSL/FNL	FEL/FWL		WICHITA, KS	
Management and comment of the fallet substitute	THE STATE OF THE S	FSL/FNL	FEL/FWL		манеского чит пер участво областурского предоставления от пестаплания и глуппа. Учения	
		fsl/fnl	FEL/FWL			
	_	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			

A separate sheet may be attached if necessary

_ _____FSUFNL _____FEUFWL ___

__FSL/FNL ______FEL/FWL .

[&]quot;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 (Weil Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License #5208	Well Location:				
Name: EXXONMOBIL OIL CORPORATION	Modificación y monotonicological de la constitución	V≦ Sec. 7 Twp.27 S. R. 35 Eas X West			
Address 1: P. O. BOX 4358	-				
Address 2:		ARLES HOFFMAN Well #: 3 INF			
City: HOUSTON State: TX		If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: ADAM SCOTT	TASS BASILL	T027S - R035W: SEC 007 All			
Phone: (713 431-1859 Fax:					
Email Address: adam.e.scott@exxonmol	oil.com				
Surface Owner Information:					
Name: See Attached	When filing a Fon	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 owner information can be found in the records of the register of deeds for the			
Address 1:					
Address 2:		real estate property tax records of the county treasurer.			
City: State:	_ Zip:+				
owner(s) of the land upon which CP-1 that I am filing in connection	nsas Surface Owner Notice Act (House Bill 2032 the subject well is or will be located: 1) a copy of n with this form: 2) if the form being filed is a Form	the Form C-1, Form CB-1, Form T-1, or Form			
form; and 3) my operator name.	address, phone number, fax, and email address.				
KCC will be required to send this	on to the surface owner(s). I acknowledge that, bo s information to the surface owner(s). To mitigate ing charged a \$30.00 handling fee, payable to the	the additional cost of the KCC performing this			
If choosing the second option, submit pa form and the associated Form C-1, Form	nyment of the \$30.00 handling fee with this form. o CB-1, Form T-1, or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1			
I hereby certify that the statements made	e herein are true and correct to the best of my kno	wledge and belief.			
Date: 6/15/2013 Signature of C	perator or Agent:	Title: Regional Land Manager			

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

City:

Lease Name: CHARLES HOFFMAN API#: 15067213110000 Well #: 3 INF Owner Name: PETRO, RICHARD & RITA FAMILY PTNSP LTD Address: 112 EGRET COVE City: GEORGETOWN State: TX **Zip:** 78633 Owner Name: Address: State: Zip: City: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: **Owner Name:** Address: State:

Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS