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, MUST be submitted with this form.

Check Applicable Boxes: MUST be subm	itted with this form.
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 Enter Project: Yes No Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed. Surface Pit Permit No.: (API No. II Drill Pit, WC of Haul)	Effective Date of Transfer: KS Dept of Revenue Lease No.: 200760 Lease Name: CHRISTOPHER
Type of Pit: Emergency Burn Settling	Haul-Off Workover 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 incled, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the accommission records only and does not convey any ownership interest in the accommission records only and does not convey any ownership interest in the accommission records only and does not convey any ownership interest in the accommission records only and does not convey any ownership interest in the accommission records only and does not convey any ownership interest in the accommission records only and does not convey any ownership interest in the accommission records only and does not convey any ownership interest in the accommission.	Commission. This acknowledgment of transfer pertains to Kansas Corporation
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
*****	PRODUCTION OCT 2.9 2013 UIC 10-29-/3
Mail to: Past Operator New Operato	r District

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

Side Tex

Must Be Filed For All Wells

Lease Name:	CHRISTOPHER		* Location: 10 33 39W NE			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned	
2	15189100460000 🗸	3960FSL	1320FEL	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			
		FSL/FNL	FEL/FWL		<u> </u>	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
	Approximation in the second	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		RECEIVED	
		FSL/FNL	FEL/FWL	KANS	AS CORPORATION COMMISSION	
			FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS	
			FEL/FWL			

A separate sheet may be attached if necessary

__ FEL/FWL

___ FEL/FWL _

_FSL/FNL _

_FSL/FNL _

[&]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 (Well Plugging Application).

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

Select the corresponding form being filed: C-1	(Intent) CB-1 (Cathodic Protection Borehole Intent)	T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:				
Name: EXXONMOBIL OIL CORPORATION		Twp.33 S. R. 39 Eas X West			
Address 1: P. O. BOX 4358					
Address 2:					
City: HOUSTON State: TX Zip: 77	210 + 4358 It fillion a Form 7.1 for multiple v	uells on a lease, enter the lenal description of			
Contact Person: ADAM SCOTT	the lease below:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (713 431-) 650 Fax: (713 431-	-1475 T033S - R039W: SEC 009 SE4 SW4 SEC 010 NE4 SEC 011 I	T033S - R039W: SEC 009 SE4 T033S - R039W: SEC 001			
Email Address: adam.e.scott@exxonmobil.com					
Surface Owner Information:					
Name: See Attached	When filing a Form T-1 involving	multiple surface owners, attach an additional			
Address 1:	sheet listing all of the information	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:		operty tax records of the county treasurer.			
City: State: Zip:					
the KCC with a plat showing the predicted locations of are preliminary non-binding estimates. The locations Select one of the following:					
owner(s) of the land upon which the subject CP-1 that I am filling in connection with this form; and 3) my operator name, address, pho	e Owner Notice Act (House Bill 2032), I have prowell is or will be located: 1) a copy of the Form Corm; 2) if the form being filed is a Form C-1 or Formone number, fax, and email address. Iface owner(s). I acknowledge that, because I have to the surface owner(s). To mitigate the additions a \$30.00 handling fee, payable to the KCC, which it	1, Form CB-1, Form T-1, or Form CB-1, the plat(s) required by this enot provided this information, the alcost of the KCC performing this			
If choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1. Form		ot received with this form, the KSONA-1			
I hereby certify that the statements made herein are	true and correct to the best of my knowledge and b	ellef.			
Date: 6/15/2013 Signature of Operator or Agr	ent;	itle:Regional Land Manager			
API # :15189100460000	KDOR #200760	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

Surface Owners

AP#:	1518910	0460000	Lease Name:	CHRIS'	TOPHER		Well #: 2
•			_				
Own	er Name:	FLUMMERFELT,	MARGARET ETA	L			
	Address:	Attn: FLUMMERF	FELT, JAMES				
		322 S PINE					
	City:	PRATT	State:	KS	Zip: 67124-274	43	
O	ner Name:						
OW	ner Name: Address:						
	Address.	•					
	City:		State:		Zip:		
Ow	ner Name:						
	Address:	1					
	City	•	State	ı	Zip:		
	City.	•		•	 p.		
Ow	ner Name:						
	Address:						
	City:		State:		Zip:		
	J						
Owi	ner Name:	:					
	Address						
	City:		State	•	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

Well #: _2____

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS