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 sub	mitted 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 feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells Fleid Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** SIde Two Must Be Completed.	Effective Date of Transfer: KS Dept of Revenue Lease No.: 200962 Lease Name: DALE		
Side I WO must be Completed.	Injection Zone(s):		
Surface Pit Permit No.: (API No. II Drill Pit. WO or Haul) Type of Pit: Emergency Burn Settling Past Operator's License No. 5208	feet from N / S Line of Section feet from E / W Line of Section Hauf-Off Workover D Drilling Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358	Phone: 713-431-1182		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: 05/31/2013 KCC WICHITA Signature: Andrew D. Cole JUN 18 2013		
New Operator's License No. 22864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze		
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	is acknowledged as		
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:			
Date:	Date:		
DISTRICT EPR /0 /14//3 Mail to: Past Operator New Oper	PRODUCTION		

Side Two

Must Be Filed For All Wells

Lease Name:	DALE Location: 32 33 35WSW						
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned		
1	15189003560000 /	2540FSL	2740FEL	GAS	ACTIVE		
		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		<u> </u>		
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		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL	•	KCC WICHITA		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
		FSL/FNL	FEL/FWL				
		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. It 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 Local	tion:			
Name: EXXONMOBIL OIL CORPORATIO	N	SW Sec. 32 Twp.33 S. R. 35 Eas(X) West			
Address 1: P. O. BOX 4358		tevens			
Address 2:	Lease Nar	ne: DALE Well #: 1			
City: HOUSTON State: TX	Zip: 77210 + 4358 It filiog a F	Form 1.1 for moltiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	The second control of	the fense below: T033S - R035W: SEC 032 SW4, W2 SE4, E2 SE4, NE4, NW4			
Phone: (713 431/8754 Fax: (713 431-1475 T033S - R	:UJ3W: SEC UJ2 3W4, W2 SE4, E2 SE4, NE4, NW4			
Email Address: adam.e.scott@exxonmob	il.com				
Surface Owner Information:		The state of the s			
Name: See Attached		g a Form 1.1 involving multiple sortace owners, attach an additional			
Address 1:		ng all of the information to the left for each surface owner. Surface rmation can be found in the records of the register of deeds for the			
Address 2:	count m	d in the real estate property tax records of the county treasurer.			
City: State:	. Zip:+				
Select one of the following: X I certify that, pursuant to the Kan	sas Surface Owner Notice Act (House Bil	1 plat, Form CB-1 plat, or a separate plat may be submitted. I 2032), I have provided the following to the surface			
CP-1 that I am filing in connection		copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this ress.			
KCC will be required to send this	information to the surface owner(s). To mi	hat, because I have not provided this information, the itigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form.			
	rment of the \$30.00 handling fee with this i CB-1. Form T-1, or Form CP-1 will be retur	form. If the fee is not received with this form, the KSONA-1 ned.			
I hereby certify that the statements made	herein are true and correct to the best of m	ny knowledge and belief.			
Date: 6/15/2013 Signature of Op	erator or Agent:M. Michael McNulty	Tille: Regional Land Manager			
API # :15189003560000	KDOR #200962	KCC WICHIT			

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

RECEIVED

JUN 18 2013

Surface Owners

API#:	1518900	3560000	Lease Name:	DALE			Well #: _1		
Own	Owner Name: BILL DALE FARMS A KS GEN PTNSH								
	Address:	% B & K FARM EI 3603-A FAIRWAY		С					
	City:	HAYS	State	KS	Zip:	67601			
Owr	ner Name:								
	Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				
Own	er Name:								
4	Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				

JUN 18 2013 RECEIVED