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 Kaneas Surface Owner Notification Act,

Check Applicable Boxes: MUST be submitted.	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.: 203444		
Gas Gathering System:	Lease Name: DOLLIE SEYBOLD		
Saltwater Disposal Well - Permit No.:	Lease Name:SE_sec. 1 Twp. 31 R. 36W FE XW		
Spot Location:feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T031S - R036W: SEC 001 SW4, S2 NW4, S2 NE4, SE4 (NENE) (NWNE) (NENW) (NWNW) County: Stevens Production Zone(s): CHASE		
Entire Project: Yes No			
Number of Injection Wells			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section feet from E / W Line of Section		
***************************************	Contact Parson LAURIE KILBRIDE		
Past Operator's License No	Contact Person:		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u>		
New Operator's License No32864 /	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 KCC WICHITA		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC		
	Date: 05/31/2013 JUN 1 8 2013		
OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u> RECEIVED		
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	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:		
Date:	Authorized Signature		
DISTRICT EPR 9/30/13	PRODUCTION 10.1.13 UIC 10-1-13		
Mail to: Past Operator New Opera	tor District		

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

Side Two

Must Be Filed For All Wells

Lease Name: DOLLIE SEYBOLD		• Location: 1 31 36' W S ビ			
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1 15189001	15189001920000 🗸	2310FSL	2310FEL	GAS	ACTIVE
			FEL/FWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
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		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 Name: EXXONMOBIL OIL CORPORATION	Well Location:	SE Sec.1 Twp.31 S. R.36 EastX West
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	And the state of t	3 - 3ec. who 1. K. 1. K.
Address 2:		OLLIE SEYBOLD Well #: 1
City: HOUSTON State: TX		1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease below:	•
Phone: (713 431- 1859 Fax:	713 431-1475 T031S - R036W	: SEC 001 SW4, S2 NW4, S2 NE4, SE4 (NENE)
Email Address: adam.e.scott@exxonmol) (NWNW)
Surface Owner Information:		
Name: See Attached	When filing a Fo	rm T-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all o	of the information to the left for each surface owner. Surface in can be found in the records of the register of deeds for the
Address 2:		e 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 203 the subject well is or will be located: 1) a copy on with this form; 2) if the form being filed is a Form address, phone number, fax, and email address.	of the Form C-1, Form CB-1, Form T-1, or Form
KCC will be required to send this	on to the surface owner(s). I acknowledge that, b s information to the surface owner(s). To mitigate ing charged a \$30.00 handling fee, payable to the	e the additional cost of the KCC performing this
If choosing the second option, submit pa form and the associated Form C-1, Forn	ayment of the \$30.00 handling fee with this form. n 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	owledge and belief.
Date: 6/15/2013 Signature of C	perator or Agent: M. Michael McNulty	Title: Regional Land Manager
API # :15189001920000	KDOR #203444	KCC WICHITA

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

JUN 18 2013

RECEIVED

Surface Owners

15 16900 1920000	_ Lease Maine: _	DOLLIE SETBOLD	Well #:
Owner Name: SLEMP, CARL	W LIV TR TTEE		
Address: PO BOX 683			
City: ULYSSES	State:	KS Zip: 67880-0683	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

KCC WICHITA
JUN 18 2013
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