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,
MUST he submitted with this form

Check Applicable Boxes: #US I be submit	ited with this form.		
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013		
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 201105		
Gas Gathering System:	Lease Name: _EDWARDS		
Saltwater Disposal Well - Permit No.:			
Enhanced Recovery Project Permit No.:	T031S - R035W: SEC 036 SW4, NW4, E2		
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.: (API No. II Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from		
Past Operator's License No	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	05/24/2042		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole		
New Operator's License No32864 /	Contact Person: BRENDA WALLER C. 405-319-3259 KCC WICHITA		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES JUN 18 2013		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>		
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the a	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:	the new operator of the above named lease containing the surface pit permitted by No.:		
Date:	Date:		
DISTRICT EPR	PRODUCTION 10-1-13 UIC 10-1-13		
	r District		

Side Two

Must Be Filed For All Wells

Lease Name:	EDWARDS	- Location: 36 31 35WSW				
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)	
		1320FSL	3960FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL				
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		<u> </u>	
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		FSL/FNL	FEL/FWL		KCC WICHITA	
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEUFWL		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 hay 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		: .SW _Sec. 36 Twp. 31 SR. 35 Eas (X) West
Address 1: P. O. BOX 4358	the state of the s	ens Iwp.oi S. R. 35 East Mest
Address 2:	•	EDWARDS Well #; A1
City: HOUSTON State: TX	2. 77040 . 4250	·
Contact Person: ADAM SCOTT	the levise bek	i) 1-1 for multiple wells on a lease, enter the legal description of over
Phone: { 713 431-1850 Fax:	713 431-1475 T031S - R035	5W: SEC 036 SW4, NW4, E2
Email Address: adam.e.scott@exxonmo	· · · · · · · · · · · · · · · · · · ·	
Surface Owner Information:		
Name: See Attached	When tiling a t	Form 1.1 involving multiple surface owners, attach an additional
Address 1:	sheet listing a	If of the information to the left for each surface owner. Surface tion can be found in the records of the register of deeds for the
Address 2:		the real estate property tax records of the county treasurer.
City: State:	_ Zip:+	
Select one of the following:	ne locations may be entered on the Form C-1 pi	lat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which CP-1 that I am filing in connectio	the subject well is or will be located: 1) a copy	032), I have provided the following to the surface of the Form C-1, Form CB-1, Form T-1, or Form orm C-1 or Form CB-1, the plat(s) required by this is.
KCC will be required to send this	on to the surface owner(s). I acknowledge that, i information to the surface owner(s). To mitiga ng charged a \$30.00 handling fee, payable to ti	because I have not provided this information, the ite the additional cost of the KCC performing this he KCC, which is enclosed with this form.
If choosing the second option, submit pa form and the associated Form C-1, Form	yment of the \$30.00 handling fee with this forn CB-1, Form T-1, or Form CP-1 will be returned	n. If the fee is not received with this form, the KSONA-1 I.
hereby certify that the statements made	herein are true and correct to the best of my ki	nowledge and belief
Date: 6/15/2013 Signature of O	perator or Agent: M. Michael McNutty	Tille: Regional Land Manager
		KCC WICHITA

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

JUN 1 8 2013

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Surface Owners

API#: 15189001		910000	Lease Name: _	EDWARDS			Well #: <u>A1</u>	
Owr	er Name:	DAVIS, FLORENCE	E REV TR TTEE					
	Address:	100 N JACKSON						
	City:	HUGOTON	State:	KS	Zip:	67951-2038		
Owi	ner Name: Address:							
			04.4					
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			
	er Name:							
,	Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			

KCC WICHITA
JUN 18 2013
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