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 su	bmitted with this form.			
Check Applicable Boxes: Oil Lease: No. of Oil Wells X 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 Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 208247 Lease Name: ELLIOTT			
Surface Pit Permit No.:	leet from N / S Line of Section			
(API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from E / W Line of Section [Haul-Off			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS			
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102	Contact Person: BRENDA WALLER Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013			
Title: _ SR. OPERATIONS VICE PRESIDENT	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 Corporate Commission records only and does not convey any ownership interest in the	ion Commission. This acknowledgment of transfer pertains to Kansas Corporation			
is acknowledged a	s is acknowledged as			
the new operator and may continue to inject fluids as authorized b	the new operator of the above named lease containing the surface pit			
Date: Authorized Signature / /	Date:			
DISTRICT EPR /D/24//3	PRODUCTION OCT 2.5 2013 UIC 10-25-13			
Mail to: Past Operator New Operator	·			

Side Two

Must Be Filed For All Wells

Lease Name:	ELLIOTT		* Location: 25 34 38W/N W				
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
12	15189200570000 🗸	4620FSL	4620FEL	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				
		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	· · · · · · · · · · · · · · · · · · ·			
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
TO SPECIAL THE STREET		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL	KAN	RECEIVED BAS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL	WWGCTS-T-SAN-TO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO	JUN 1 8 2013		
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS		

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	Well Loca	ation:			
Name: EXXONMOBIL OIL CORPORA					
Arkiress 1: P. O. BOX 4358	County: S				
Address 2:	Lease Na	Lease Name: ELLIOTT Well #: 12			
Crty: HOUSTON State: TX	Zip: 77210 + 4358 If filing a	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: ADAM SCOTT	the lease				
Phone: (713 431-1859 Fa	×: (713 431-1475 T034S - I	R038W: SEC 025 NW4, SW4, SE4, NE4			
Email Address: adam.e.scott@exxonn	iobil.com				
Surface Owner Information:					
Name: See Attached		ig a Form 1-1 involving multiple surface owners, attach an additional			
Address 1:		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:		nd in the real estate property tax records of the county treasurer.			
Cfly: State:	Zip:+				
Colone Calculation Colonia		-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
I certify that, pursuant to the keep owner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name. I have not provided this informatic KCC will be required to send the control of th	ch the subject well is or will be located: 1) a clon with this form; 2) if the form being filed is a ddress, phone number, fax, and email add ation to the surface owner(s). I acknowledge this information to the surface owner(s). To m	ill 2032), I have provided the following to the surface 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			
X I certify that, pursuant to the knowner(s) of the land upon which CP-1 that I am filing in connect form; and 3) my operator name I have not provided this information KCC will be required to send that I acknowledge that I am but the choosing the second option, submit form and the associated Form C-1, Formand the associated Form C-1, Formand the second option is the second option.	ch the subject well is or will be located: 1) a cition with this form; 2) if the form being filed is a address, phone number, fax, and email address, phone owner(s). I acknowledge this information to the surface owner(s). To meing charged a \$30.00 handling fee, payable payment of the \$30.00 handling fee with this cm CB-1, Form T-1, or Form CP-1 will be returned.	ill 2032), I have provided the following to the surface 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 lifess. that, because I have not provided this information, the nitigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form. form. If the fee is not received with this form, the KSONA-1 med.			
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JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 15189200570000

API#:_	15189200570000	Lease Name: _	ELLIOTT		Well #: <u>1-2</u>	_
	er Name: WILEY, MICHAEL	. J				
•	Address: PO BOX 722350					
	City: NORMAN	State:	OK Zip:	73072-8779		
	er Name:					
	Address:					
	City:	State:	Zip:			
	er Name:					
•	Address:					
	City:	State:	Zip:			
	er Name: Address:					
•						
	City:	State:	Zip:			
	er Name: Address:			·		
	City:	State:	Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013 CONSERVATION DIVISION WICHITA, KS