KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 Form must be Typed Form must be Signed All March intent 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:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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.: 208507			
Gas Gathering System:	Lease Name: EVANS			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T027S - R037W: SEC 003 All			
Entire Project: Yes No				
Number of Injection Wells **	County: Grant			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	leet from N / S Line of Section leet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	☐ Haul-Off ☐ Workover ◯ 🎗 ☐ Drilling			
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	Date: 05/31/2013			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole KANSAS CORPORATION COMMISSIO			
New Operator's License No. 32864	Contact Person: BRENDA WALLER JUN 1 8 2013			
	CONSERVATION DIVISION			
New Operator's Name & Address: XTO ENERGY INC.	Priorie; WICHITA, KS			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES			
OKLAHOMA CITY, OK 73102	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 Corporation Commission records only and does not convey any ownership interest in the	n 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:			
Authorized Signature	Authorized Signature			
DISTRICT EPR /0/23//3	PRODUCTION OCT 2 4 2013 UIC 10-24-13			
Mail to: Past Operator New Opera	ator District			

Side Two

Must Be Filed For All Wells

.ease Name	: EVANS		Location: 3	27 37WS 2	11/19/19/20
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet)	n Section Line from South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandone
12	15067202740000 🗸	/524 1320FSL	2554 2640FEL	GAS	ACTIVE
	_		MF-do-	West to the second seco	
		FSL/FNL	FEUFWL		
	_	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
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	<u> </u>	FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		-
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		FSL/FNL	FEL/FWL	KANSAS	CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		JUN 1 8 2013
		FSL/FNL	FEL/FWL	C	ONSERVATION 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 Location:				
Name: EXXONMOBIL OIL CORPORATION	S2_ Sec. 3 Twp.27 S. R. 37 East X West				
Address 1: P. O. BOX 4358	County: Grant				
Address 2:	Leaso Name: EVANS Well #: 12				
City: HOUSTON State: TX Zip: 77210 + 4358	If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT	the fease below:				
Phone: (713 431-1859 Fax: (713 431-1475	T027S - R037W: SEC 003 All				
Email Address: adam.e.scott@exxonmobil.com	_				
Surface Owner Information:					
Name: See Attached					
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:	county, and in the real estate property tax records of the county treasurer.				
City: State: Zip:+	_				
Select one of the following:	Act (House Dill 2022) I have moved at the following to the source				
owner(s) of the land upon which the subject well is or will b	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.				
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.				
If choosing the second option, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.				
hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.				
Date: 6/15/2013 Signature of Operator or Agent: "W. W.	had McNutty Title: Regional Land Manager				
API # :15067202740000 KDOR #20850	7 RECEIVED KANSAS CORPORATION COMMISSION				

JUN 1 8 2013

Surface Owners

API#:	1506720	02740000	Lease Name: _	EVANS	
		SIEBERT, JAKE L 1073 E RD 5	& CYNTHIA		
	City:	ULYSSES	State:	KS Zi	p: 67880
	er Name: Address:				
	City:		State:	Z	Zip:
	er Name: Address:				
	City:		State:	Zi	p:
Owne	or Name:				
A	Address: City:		State:	Zi	p:
Owne	r Name:				
	ddress:				
	City:		State:	<i>7</i> iı	o:

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Well #: 1-2

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS