KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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: | nteo wan 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.: 201110 |
| Gas Gathering System: | Lease Name: EWERS |
| 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.: | T032S - R036W: SEC 036 AII |
| 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. If Drill Pit, WO or Haul) Type of Pit; Emergency Bum Settling | feet from ☐ N / ☐ S Line of Section feet from ☐ E / ☐ W Line of Section Haul-Off ☐ Workover |
| 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 | 06/94/9049 |
| Titla. RSO MANAGER/AGENT & ATTORNEY-IN-FACT | JUN 1 8 2013 |
| Title: NSO MANAGERIAGENI & ATTORNET-IN-FACT | Signature: <u>Audrew D. Cole</u> RECEIVED |
| New Operator's License No. 32864 | Contact Person: BRENDA WALLER |
| New Operator's Name & Address: XTO ENERGY INC. | Phone: 405-319-3259 |
| 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: <u>Douglas (). Schultze</u> |
| 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: |
| Authorized Signature / | Authorized Signature |
| | PRODUCTION 9.27.13 UIC 9-27-13 |
| Mail to: Past Operator New Operator | or District |

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

Side Two

Must Be Filed For All Wells

| Lease Name: | EWERS | | Location: 30 | 32 361W SE | |
|---|--|------------------------------------|--|--|--|
| Well No. | API No. (YR DRLD/PRE 167) | Footage from (i.e. FSL = Feet f | Footage from Section Line (i.e. FSL = Feet from South Line) | | Well Status (PROD/TA'D/Abandoned) |
| 1 | 15189001490000 | 2940FSL | 2#40FEL | GAS | ACTIVE |
| | | | | | |
| | | FSL/FNL | FEUFWL | *** | |
| | | FSL/FNL | FEL/FWL | | |
| | | 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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| | | 201 Z.U | FEL/FWL | | |
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| | | FSL/FNL | | | JUN 1 8 2013 |
| ************************************** | Vennesses to the control of the cont | | 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 K90NA-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 | We | Location: | | | |
|---|--|---|---|--|--|
| Name: EXXONMOBIL OIL CORPORATION | | | γρ. <mark>32 S. R. 36 Eas X</mark> West | | |
| Address 1: P. O. BOX 4358 | Co | rny: Stevens | · · | | |
| Address 2: | Lea | se Name: EWERS | Well #: _1 | | |
| City: HOUSTON State: TX Zip: 7 | | | on a lease, enter the legal description of | | |
| Contact Person: ADAM SCOTT | The state of the s | the lease below: T032S - R036W: SEC 036 All | | | |
| Phone: (713 431 1854 Fax: (713 43 | 31-1475 | | | | |
| Email Address: adam.e.scott@exxonmobil.com | | | | | |
| Surface Owner Information: | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Name: See Attached | | n filing a Form 1.1 involving mui | ltiple 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: | | | ty tax records of the county treasurer. | | |
| City: State: Zip: | + | | | | |
| are preliminary non-binding estimates. The location Select one of the following: | is may be entered on the Fo | rm C-1 plat, Form CB-1 plat, | or a separate plat may be submilted. | | |
| X I certify that, pursuant to the Kansas Surfa owner(s) of the land upon which the subjec CP-1 that I am filing in connection with this form; and 3) my operator name, address, ph | it well is or will be located: form: 2) if the form being fi | a copy of the Form C-1, Fed is a Form C-1 or Form CB | Form CB-1, Form T-1, or Form | | |
| I have not provided this information to the st KCC will be required to send this information task, I acknowledge that I am being charged | on to the surface owner(s). | To mitigate the additional co | st of the KCC performing this | | |
| If choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1, For. | he \$30.00 handling fee wit m T-1, or Form CP-1 will be | this form. If the fee is not re returned. | eceived with this form, the KSONA-1 | | |
| I hereby certify that the statements made herein are | true and correct to the be | t of my knowledge and belief | f. | | |
| Date: 6/15/2013 Signature of Operator or A | gent: M. Michael McN | lty Title: _ | Regional Land Manager | | |
| API # :15189001490000 | KDOR #201110 | | KCC WICHIT | | |

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

JUN 1 8 2013

RECEIVED

Surface Owners

| API#: | 15189001490000 | Lease Name: _ | EWERS | | Well #: _ 1 | | | |
|--|-----------------------|---------------|--------|--------------|-------------|--|--|--|
| | | | | | | | | |
| Owner Name: MILLS, M DOUGLAS & RITA A TRS, | | | | | | | | |
| | Address: 979 ROAD 22 | | | | | | | |
| | City: HUGOTON | State: | KS Zip | : 67951-5105 | | | | |
| Owi | ner Name: | | | | | | | |
| | Address: | | | | | | | |
| | City: | State: | Zi | p: | | | | |
| | | | | | | | | |
| | ner Name: Address: | | | | | | | |
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| | | | | | | | | |
| | er Name: Address: | | | | | | | |
| | City: | State: | Zip | : | | | | |

JUN 18 2013
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