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,

| Check Applicable Boxes: | tted with this form. | | |
|--|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: | | |
| X Gas Lease: No. of Gas Wells | KS Dept of Revenue Lease No.: 201256 | | |
| Gas Gathering System: | Lease Name: _FLOWER | | |
| Saltwater Disposal Well - Permit No.: | 1 | | |
| Spot Location: feet from N / S Line | <u>SW</u> Sec5 _Twp33 _R36W E XJW | | |
| feet from E / W Line | Legal Description of Lease: | | |
| Enhanced Recovery Project Permit No.: | T033S - R036W: SEC 005 E2, SW4 | | |
| Entire Project: Yes No | | | |
| Number of Injection Wells ** | County: Stevens | | |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE | 1 | | |
| ** Side Two Must Be Completed. | Production Zone(s): CHASE | | |
| Side Ind Hust de Complete. | Injection Zone(s): | | |
| Surface Pit Permit No.: | leet from N / S Line of Section | | |
| (API No. II Drill Pit, WO or Haul) | leet from LE / W Line of Section | | |
| Type of Pit: Emergency Bum Settling | Haul-Off Workover Drilling | | |
| in the circumstance of the | | | |
| Past Operator's License No. 5208 | 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 | | |
| Tislo. RSO MANAGER/AGENT & ATTORNEY-IN-FACT | | | |
| Title: | Signature: Andrew D. Cole KCC WICHITA | | |
| | | | |
| New Operator's License No | Contact Person: BRENDA WALLER JUN 1 8 2013 | | |
| TOTAL OF PROPERTY OF THE PARTY | | | |
| | Phone: 405-319-3259 RECEIVED | | |
| New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 | RECEIVED | | |
| New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 | Oil / Gas Purchaser: ONEOK FIELD SERVICES | | |
| New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 | Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 | | |
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| New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT | Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze | | |
| New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT Acknowledgment of Transfer: The above request for transfer of injection | Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze authorization, surface pit permit # | | |
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Side Two

Must Be Filed For All Wells

| Lease Name: | FLOWER | * Location: 5 33 36WSW | | | | |
|---|--|---|---------|-----------------------------------|--|--|
| Well No. | API No. (YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) | | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) | |
| l | 15189003660000 | 1320FSL | 3300FEL | GAS | ACTIVE | |
| | | | | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | - currentMAP++ d+04800-0 | 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 | | | |
| | | FSUFNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | and the second s | |
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| em delicino de adorde constitue a de 2, 5 a vivil d | The state of the s | FSL/FNL | FEL/FWL | | | |
| · | | FSL/FNL | FEL/FWL | | KCC WICHI | |
| | | | FEL/FWL | | | |
| | | FSL/FNL | | | JUN 1 8 2013 | |
| | | FSL/FNL | | | RECEIVEL | |

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. It 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.

| Select the corresponding form being filed: C-1 (intent) CB-1 (intent) | Cathodic Protection Boreficie Intent) XT-1 (Transfer) CP-1 (Plugging Application) |
|--|---|
| OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION Aridress 1: P. O. BOX 4358 Address 2: TX /ip: 77210 + 4358 Contact Person: ADAM SCOTT Phone: { 713 431- 1270 Fax: { 713 431-1475} Fax: { 713 431-1475} Fax: { 713 431-1475} | Well Location: SW_Sec. 5 Twp.33 S. R. 36 Eas X West County: Stevens Lease Name: FLOWER Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T033S - R036W: SEC 005 E2, SW4 |
| Surface Owner Information: | |
| Name: See Attached | When filing a Form 1-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface |
| Address 1: | owner information can be found in the records of the register of deeds for the |
| Address 2: State: //ip:+ | county, and in the real estate property tax records of the county treasurer. |
| the KCC with a plat showing the predicted locations of lease roads, tank | dic Protection Borehole Intent), you must supply the surface owners and abstraction by butteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. |
| Select one of the following: | rarier orni e-i piai, i onni eo-i piai, oi a separate piat may be submitted. |
| I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be keeper that I am filing in connection with this form; 2) if the form the form; and 3) my operator name, address, phone number, fax, and | exated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this |
| I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling | cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP- | fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned. |
| I 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: M. Michael | et McNulty Regional Land Manager |
| ingramma or reputition of repu | |

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

KDOR #201256

API#:15189003660000

KCC WICHITA
JUN 18 2013

RECEIVED

Surface Owners

| API#: | 15189003660000 | _ Lease Name: _ | FLOV | VER | Well #: _1 |
|-------|---|------------------|--------|------------------------|------------|
| | | | | | |
| Own | ner Name: WILLIS, BETT | Y LEE LE & MICHA | EL WAF | RREN | |
| | Address: 621 S TRINDL | E | | | |
| | City: HUGOTON | State | : KS | Zip: 67951-2733 | |
| Ow | ner Name: HEATON, TON Address: 1746 ROAD Q | | | | |
| | City: HUGOTON | State | KS | Zip: 67951-5309 | |
| Owi | ner Name: Address: | | | | |
| | City: | State | : | Zip: | |
| Owi | ner Name: Address: | | | | |
| | City: | State | ; | Zip: | |
| Owi | ner Name: Address: | | | | |
| | City: | State | : | Zip: | |

KCC WICHITA JUN 18 2013 **RECEIVED**

Well #: _1____