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 Compilance with the Kansas Surface Owner Notification Act,
MIST he submitted with this form

Check Applicable Boxes:	nmed 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.: 201260			
Gas Gathering System:	Lease Name: FOWLER			
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 026 SE4, SW4, N2			
Entire Project: Yes No				
Number of Injection Wells***	County: Grant			
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)	leet from N / S Line of Section			
Type of Pit: Emergency Burn Settling	leet from E / W Line of Section			
Type of Pir: Emergency Burn Settling	Haul-Off WorkoverOR Drilling			
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 KANSAS CORPORATION COMMISSION			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole JUN 1 8 2013			
	2010			
New Operator's License No	CONSERVATION DIVISION Contact Person: BRENDA WALLER WICHITA, KS			
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 C. 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 Permit No.:	the new operator of the above named lease containing the surface pit permitted by No.:			
Date:	Date:			
DISTRICT EPRNew Operator New Operator	222013			

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	201260	<u>/</u>		
* Lease Name:	FOWLER		- Location: 26 27 37WSW	

* Lease Name:	FOWLER	- Location: 26 27 37WSW					
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned) ACTIVE		
3	15067003380000 /	2440FSL	2440FEL	GAS			
		FSUFNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL		_		
		501 51 H					
		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				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	<u> </u>	FSL/FNL	FEL/FWL				
			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/FWI.	KANSA	RECEIVED S-CORPORATION COMMISSION		
	CALLET CONTROL	FSL/FNL	FEL/FWL		- 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 Location:				
Name: EXXONMOBIL OIL CORPORATI	ON	W Sec. 26 Twp.27 S. R. 37 Eas X West			
Address 1: P. O. BOX 4358	County: Grant				
Address 2:	Lease Name: FOI	NLER Well #; 3			
City: HOUSTON State: TX		for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	TANK BANKS	the lease below: T027S - R037W: SEC 026 SE4, SW4, N2			
Phone: (713 /31- 1259 Fax	: (<u>713 431-1475</u>	3EC 020 3E4, 3H4, N2			
Email Address: adam.e.scott@exxonmo	obil.com				
Surface Owner Information:					
Name: See Attached		T-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:	country and in the	real estate property tax records of the county treasurer.			
City: State:	Zip:+				
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name,	ansas Surface Owner Notice Act (House Bill 2032) In the subject well is or will be located: 1) a copy of on with this form; 2) if the form being filed is a Form address, phone number, fax, and email address.	the Form C-1, Form CB-1, Form T-1, or Form C-1 or Form CB-1, the plat(s) required by this			
KCC will be required to send th	tion to the surface owner(s). I acknowledge that, be is information to the surface owner(s). To mitigate to eing charged a \$30.00 handling fee, payable to the i	he additional cost of the KCC performing this			
If choosing the second option, submit p form and the associated Form C-1, For	ayment of the \$30.00 handling fee with this form. In CB-1, Form T-1, or Form CP-1 will be returned.	f the fee is not received with this form, the KSONA-1			
I hereby certify that the statements mad	e herein are true and correct to the best of my know	rledge and belief.			
Date: 6/15/2013 Signature of 0	Operator or Agent:	Title: Regional Land Manager			
		RECEIVED			

JUN 1 8 2013

Surface Owners

API#:	1506700	3380000	Lease Name: _	FOWLE	ER		Well #: _3	<u> </u>
_		5014# 5D 544#11						
		FOWLER FAMILY						1 V V V V V V V V V V V V V V V V V V V
	Address:	264 COUNTY RD	55					÷
	City:	CERRILLOS	State:	NM	Zip:	87010		
Owi	ner Name:							
	Address:							
	City:		State:		Zip:			
	Oity.		Ctate.		 .			
	ner Name: Address:							
	Audiess.							
	City:		State:		Zip:			
	er Name: Address:							
	Auuress.							
	City:		State:		Zip:			
Own	er Name:							
	Address:							
	City:		State:		Zip:			
	y .							

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS