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: MUST be submitted with this form. Oil Lease: No. of Oil Wells _ Effective Date of Transfer-Gas Lease: No. of Gas Wells ___ KS Dept of Revenue Lease No.: Gas Gathering System:_ Lease Name: FRAZEE Saltwater Disposal Well - Permit No.: ___ 8 Twp. 27 R. Spot Location: ______ feet from N / S Line Legal Description of Lease: _____feet from E / W Line T027S - R037W: SEC 008 NE4, NW4, SW4, SE4 Enhanced Recovery Project Permit No.: ___ 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.: _ _ feet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from F / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover / Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: RECEIVED KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 IIIN 1 8 2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: __Andrew D. Pole CONSERVATION DIVISION WICHITA, KS **BRENDA WALLER** New Operator's License No. _ Contact Person-New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES OKLAHOMA CITY, OK 73102 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #____ noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. __ 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 _____. Recommended action: _ permitted by No.: ____ Authorized Signature DISTRICT -PRODUCTION ULI 2 3 2013 Mail to: Past Operator_ **New Operator**

Side Two

4

Must Be Filed For All Wells

Lease Name:	FRAZEE	* Location: 8 27 37W: NE				
Well No.	API No. (YR DRLD/PRE '67) 15067213460000	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandone	
A13		1250FNL	1250FEL	GAS	ACTIVE	
			FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		-	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		-	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL .			
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		FSL/FNL	FEL/FWL			
<u>, </u>		FSL/FNL	FEL/FWL	KANDAD	RECEIVED	
		FSL/FNL	FEL/FWL .		CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL .		JUN 1 8 2013	

A separate sheet may be attached if necessary

_ FEL/FWL

_FSL/FNL _

WICHITA, KS

^{*} 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 hisy 2018 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 file	d: C-1 dittenti CB-	1 (Cathodic Protection Borehole)	inters) XT-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License #5208		. Well Location:		
Name: EXXONMOBIL OIL CORPORATION		—.—.—. <u>M</u> E	Sec. 8 Twp.27 S. R. 37 EastX West	
Address 1: P. O. BOX 4358		•		
Address 2:			Well #: A13	
City: HOUSTON State: TX . Contact Person: ADAM SCOTT	/ip: 77210 + + _ 4358	If filing a Form 1-1 for the lease below:	moltiple wells on a lease, enter the legal description of	
Phone: { 713 431 1859 Fax: {_	713 431-1475		NE4, NW4, SW4, SE4	
Email Address: adam.e.scott@exxonmobil.				
Surface Owner Information:				
Name: See Attached		Missa Bliner a Form 1	Liovolving multiple surface owners, attach an additiona	
Address 1:		sheet listing all of the	Mormation to the left for each surface owner. Surface	
Address 2:		owner information car county, and in the real	be found in the records of the register of deeds for the estate property tax records of the county treasurer.	
City: State: 7	iie +		, appropriate the control of the con	
are preliminary non-binding estimates. The Select one of the following:	locations may be entered (on the Form C-1 plat, For	d electrical lines. The locations shown on the plat m CB-1 plat, or a separate plat may be submitted.	
CP-1 that I am filing in connection w form; and 3) my operator name, add	e subject well is or will be ith this form; 2) if the form ress, phone number, fax, a	located: 1) a copy of the being filed is a Form C-1 and email address.	have provided the following to the surface Form C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this	
I have not provided this information t KCC will be required to send this int task, I acknowledge that I am being	rormation to the surface o	Wher(s). To mitigate the :	se I have not provided this information, the additional cost of the KCC performing this , which is enclosed with this form.	
If choosing the second option, submit paym form and the associated Form C-1, Form CE	ent of the \$30.00 handling 3-1. Form T-1, or Form CP	g fee with this form. If the -1 will be returned.	e fee is not received with this form, the KSONA-1	
hereby certify that the statements made he	rein are true and correct to	o the best of my knowledg	ge and belief.	
Date: 6/15/2013 Signature of Opera	itor or Agent;	sel McNulty	Tille: Regional Land Manager	
API # :15067213460000	KDOR #220423		RECEIVED KANSAS CORPORATION COMMISSION	

JUN 1 8 2013

Surface Owners

API#:	15067213460000	Lease Name: _	FRAZEE	Well #:A13
Own	er Name: SIEBERT, CYNTH	AIA		
,	Address: 1073 E RD 5			
	City: ULYSSES	State:	KS Zip : 67880	
Own	er Name:			
	Address:			
	City:	State:	Zip:	
	er Name: Address:			
	City:	State:	Zip:	
	r Name:			
A	ddress:			
	City:	State:	Zip:	
Owner	Name:			
Ad	ddress:			
	City:	State:	Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS