KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: 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.: __ Gas Gathering System:___ Lease Name: FULLER Saltwater Disposal Well - Permit No.: ____ 31 Twp. 33 R. 35W Spot Location: ______ feet from N / S Line _____feet from E / W Line Legal Description of Lease: Enhanced Recovery Project Permit No.: ___ T033S - R035W: SEC 031 E2 SW4, SE4, NE4, E2 NW4 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.: _ feet from N / S Line of Section (API No. II Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Bum Settling Haul-Off 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 KCC WICHITA **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: __ Andrew D. Pole JUN 18 2013 New Operator's License No. 32864 **BRENDA WALLER** RECEIVED 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 _ is acknowledged as the new operator and may continue to inject Iluids as authorized by the new operator of the above named lease containing the surface pit Permit No.: _____ . Recommended action: permitted by No.: ___ Authorized Signature DISTRICT _

New Operator

Mail to: Past Operator_

PRODUCTION ____

District

Side Two

Must Be Filed For All Wells

* Lease Name:	FULLER	* Location: 31 33 35WSW						
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)			
	15189003550000	2310FSL	2970FEL	GAS	ACTIVE			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
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		FSL/FNL	FEL/FWL .		JUN 1 8 2013			
					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 KSONA-1 hay 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

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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	SW Sec. 31 Twp.33 S. R. 35 Eas X West
Address 1: P. O. BOX 4358	County: Stevens
Address 2:	Lease Name: FULLER Well #: 1
Caty: HOUSTON State: TX Zip: 77210 + 4358	
Contact Person: ADAM SCOTT	the lease below:
Phone: (713 431- 1859 Fax: (713 431-1475	T033S - R035W: SEC 031 E2 SW4, SE4, NE4, E2 NW4
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form 1.1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	
urs noo mata piatshomhu tae bredicied locanons of lease maas ta	nodic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
are preliminary non-binding estimates. The locations may be entered Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following: X certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form I being filed is a Form C-1 or Form CR-1, the plates required by this
I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the switch.
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Surface Owners

API#: 15189003550000		3550000	Lease Name: _		FULLER			Well #: _1	
		BEESLEY, DONA	LD W & RENEE L						
4	Address:	2218 ROAD K							
	City:	HUGOTON	State:	KS	Zip:	67951-5186			
	er Name: Address:								
•	address:								
	City:		State:		Zip:				
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	City:		State:		Zip:				
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	Name:								
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	City:		State:		Zip:				
Owner	Name:								
	ldress:								
	City:		State:		Zip:				

KCC WICHITA
JUN 18 2013
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