### 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:  | eo wan inis axiii.   |  |  |  |
|--|--|--|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer: 7/1/2013   |  |  |  |
| X Gas Lease: No. of Gas Wells  | KS Dept of Revenue Lease No.:  |  |  |  |
| Gas Gathering System:  |  |  |  |  |
| Saltwater Disposal Well - Permit No.:  | S€_Sec. 22 Twp. 31 R. 36W □ E XW   |  |  |  |
| Spot Location: feet from N / S Line  | Legal Description of Lease:  |  |  |  |
| feet from E / W Line   | T031S - R036W: SEC 022 All   |  |  |  |
| Enhanced Recovery Project Permit No.:  | 10010 - 100001. 020 022 ///  |  |  |  |
| Entire Project: Yes No   |  |  |  |  |
| Number of injection Walls***   | 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 Burn Settling  | S Line of Section   N / S Line of Section   S Line of Section   E / W Line of Section   Haul-Off   Workover   Drilling |  |  |  |
| 5208   | Contact Person: LAURIE KILBRIDE  |  |  |  |
| Past Operator's License No. 5208   | Phone: 713-431-1182  |  |  |  |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION   |  |  |  |  |
| P. O. BOX 4358, HOUSTON, TX 77210-4358   | Date:05/31/2013  |  |  |  |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT  | Signature: <u>Audreu D. Cole</u>   |  |  |  |
|  |  |  |  |  |
| New Operator's License No. 32864   | Contact Person: BRENDA WALLER  |  |  |  |
| New Operator's Name & Address: XTO ENERGY INC.   | Phone: 405-319-3259 KCC WICHITA  |  |  |  |
| 210 PARK AVENUE, SUITE 2350  | Oil / Gas Purchaser: WGP-KHC LLC   |  |  |  |
| OKLAHOMA CITY, OK 73102  | Date: 05/31/2013 JUN 1 8 2013  |  |  |  |
| Title: SR. OPERATIONS VICE PRESIDENT   | Signature: Douglas C. Schultze RECEIVED  |  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duty 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 pil   |  |  |  |
| Permit No.: Recommended action:  | permitted by No.:  |  |  |  |
| D  | Date:  |  |  |  |
| Date:  | Authorized Signature   |  |  |  |
| DISTRICT EPR _/D/24//3   | PRODUCTION 001 2 5 2013 uic 10-25-13   |  |  |  |
| Mail to: Past Operator New Opera   | tor District   |  |  |  |

#### Side Two

### Must Be Filed For All Wells

| ease Name                             | GASKILL  |  | Location: 22 31 36%) SE |  |                                     |  |
|---------------------------------------|--|--|-------------------------|--|-------------------------------------|--|
| Well No.                              | API No.<br>(YR DRLD/PRE '67)   | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |                         | Type of Well<br>(Ol/Gas/INJ/WSW)   | Well Status<br>(PROD/TA'D/Abandoned |  |
| 1                                     | 15189002130000 🗸   | 2310FSL  | 2310FEL                 | GAS  | ACTIVE                              |  |
|                                       | _  |  |                         |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 | week and the second sec |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       | _  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 | , i e e e e e e e e e e e e e e e e e e  | _                                   |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
| 440                                   |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       | _  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 | and the second s |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  | FSL/FNL  | FEL/FWL                 |  |                                     |  |
|                                       |  |  | FEL/FWL                 |  |                                     |  |
| HAM THE SECTION OF SECTION OF SECTION | Account of the Control of the Contro | FSL/FNI  |                         |  |                                     |  |
| <u></u>                               |  | FSUFNI   |                         |  |                                     |  |
|                                       |  |  |                         |  | KCC WICHITA                         |  |
|                                       |  | FSL/FNI  |                         |  | JUN 1 8 2013                        |  |
|                                       |  | FSL/FNI  | LFEL/FWL                |  | RECEIVED                            |  |

A separate sheet may be attached if necessary

<sup>\*</sup> 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 Fifled

## 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.

| 5000   | AND III A SAN TO |
|--|--|
| OPERATOR: License # 5208   |  |
| Name: EXXONMOBIL OIL CORPORATION   | County: Stevens  |
| Address 1: P. O. BOX 4358  | 2000   |
| Address 2:   | <del></del>  |
|  | then frances healener  |
| Contact Person: ADAM SCOTT  Phone: { 713   431-1850    Fax: ( 713   431-1475   713 | T031S - R036W: SEC 022 All   |
| Email Address: adam.e.scott@exxonmobil.com   |  |
| Email Address: adam.e.scougexxonnosi.com   |  |
| Surface Owner Information:   |  |
| Name: See Attached   | cheef lighton all of the Information to the left for each Surface Owner. Surface   |
| Address 1:   | <ul> <li>awner information can be found in the records of the register of deeds for the<br/>county, and in the real estate property tax records of the county treasurer.</li> </ul>  |
| Address 2:   | enterpresent to  |
| City: State: Zip:+   | <del></del>  |
| Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner N   | iotice Act (House Bill 2032), I have provided the following to the surface will be located: 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 r, fax, and email address.  |
| I have not provided this information to the surface owner  | r(s). I acknowledge that, because I have not provided this information, the face owner(s). To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form.   |
| If choosing the second option, submit payment of the \$30.00 has form and the associated Form C-1, Form CB-1, Form T-1, or Fol   | andling fee with this form. If the fee is not received with this form, the KSONA-1<br>rm CP-1 will be returned.  |
| I hereby certify that the statements made herein are true and co   | prrect to the best of my knowledge and belief.   |
| Date: 6/15/2013 Signature of Operator or Agent: 7/1.   | Michael McNulty Title: Regional Land Manager   |
| API # :15189002130000 KDOR #2  | 201337 KCC WICHTA  |

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

JUN 18 2013

### **Surface Owners**

| ABH. 15190002130000      | Lease Name: _ | GASKILL                      | Well #: <u>_1</u> _ |
|--------------------------|---------------|------------------------------|---------------------|
| API#: 15189002130000     | Loago Maine.  | 5, (6, 1, 1)                 |                     |
| Owner Name: SMITH, HENRY | •             |                              |                     |
| Address: PO BOX 297      |               |                              |                     |
| City: MOSCOW             | State         | : KS <b>Zip</b> : 67952-0297 |                     |
| Owner Name:              |               |                              |                     |
| Address:                 |               |                              |                     |
| City:                    | State         | : Zip:                       |                     |
| Owner Name: Address:     |               |                              |                     |
| City:                    | State         | o: Zip:                      |                     |
|                          |               |                              |                     |
| Owner Name: Address:     |               |                              |                     |
| City:                    | State         | o: Zip:                      |                     |
| Owner Name: Address:     |               |                              |                     |
| Addiass.                 |               |                              |                     |
| City:                    | State         | e: Zip:                      |                     |

**GASKILL** 

**KCC WICHITA** JUN 18 2013 RECEIVED

\_\_\_\_\_ Well #: \_1\_\_\_\_