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,

Charle Applicable Powers	ritted with this form.
Check Applicable Boxes: Oit Lease: No. of Oit Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 207341 Lease Name: C L GRIGSBY ESTATE
Entire Project: Yes No	
Number of Injection Wells**	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from □ N / □ S Line of Section leet from □ E / □ W Line of Section □ Haul-Off □ Workover □ □ Drilling
Past Operator's License No. 5208 /	Contact Person: LAURIE KILBRIDE RECEIVED
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Contact Person:KANSAS CORPORATION COMMISSION Phone: _713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	05/24/2042 IIIN 1 8 2013
P. U. BUX 4306, HUUSTUN, 1X 7/210-4306	. Vale.
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS
New Operator's License No. 32864 / 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	Phone:405-319-3259 Oil / Gas Purchaser:WGP-KHC_LLC Date:05/31/2013 Signature:Douglas Q. Schultze
	on 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.: Recommended action:	the new operator of the above named lease containing the surface pit
Date:	Date:
Authorized Signature /	Authorized Signature
DISTRICT EPR	PRODUCTION 0CT 3 0 2013 UIC 10-30-13
Mail to: Past Courselor / New Oce	erator District

Side Two

Must Be Filed For All Wells

KDOR Lease *Lease Name:	C I CRICSRY ESTATE		Location: 4	31 36WNW 1	
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
3	15189202800000	4099FSL	4013FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		50. Et ii	FEUFWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		COL #Chil			
		FSL/FNL			_
	_	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
and the second second second		FSL/FN	FEL/FWL	pa	
		FSL/FNI	FEL/FWL		
Shipped Shipped and Colon appropriate Assess		FSL/FNI			Service of the servic
		FSL/FNI			
		FSL/FNI		KA	RECEIVED NSAS CORPORATION COMMISSION
		FSL/FNI	FEL/FWL	Manager and All Manager and Al	JUN 1 8 2013
		EQL/ENI	EEL/EWI		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.

Select the corresponding form being filed: C-1 (Intent)	CB-1 (Cathodic Protection Boreficie Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #5208	Well Location: NW Sec.4Twp.31SR.36Eas(X)West
Name: EXXONMOBIL OIL CORPORATION	- mark 400 m 1
Address 1: P. O. BOX 4358	
Address 2:	
State: TX Zip: 77210 + 43	358 If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: ADAM SCOTT	T0245 - P039W: SEC 010 SE4 SEC 011 NE4 SE4 SEC 015
Phone: (713 431-1859 Fax: (713 431-1475	NE4
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form 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:	security, and in the real estate appropriately tay records of the county treasures.
City:+	
Select one of the following:	entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is of	Notice Act (House Bill 2032), I have provided the following to the surface r will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this per, fax, and email address.
KCC will be required to send this information to the st	ner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 form and the associated Form C-1, Form CB-1, Form T-1, or F	handling fee with this form. If the fee is not received with this form, the KSONA-1 Form CP-1 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 McNulty Tille: Regional Land Manager
API # :15189202800000 KDOR	#207341 RECEIVED KANSAS CORPORATION COMMISS

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

JUN 1 8 2013

Surface Owners

API#: 15189202800000	Lease Name:	C L GRIGSBY ESTATE	
Owner Name: CULLISON,	J I LIV TR ETAL		
Address: PO BOX 367			
City: SATANTA	State:	KS Zip : 67870	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name:			
Address: City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

RECEIVED
KANSAS CORPORATION COMMISSION

Well #: 3

JUN 1 8 2013