KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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,

Check Applicable Boxes: MUST be subm	itted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 201458		
Gas Gathering System:	Lease Name: GROTHE		
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.:	T033S - R035W: SEC 023 All		
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 Dir Dermit ble .	took toon On the Carlos		
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	feet from N / S Line of Section		
	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover O C 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		
DEG MANACEDIA CENT & ATTORNEY IN FACT			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Pole 1111 A 0 2012		
Title:	Signature: Andrew D. Cole JUN 18 2013		
	Signature: Andrew D. Cole JUN 18 2013 Contact Person: BRENDA WALLER RECEIVED		
New Operator's License No	Contact Person: BRENDA WALLER RECEIVED		
	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259		
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES		
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013		
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES		
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	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze		
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	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze		
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	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze authorization, surface pit permit # has been commission. This acknowledgment of transfer pertains to Kansas Corporation		
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 noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze authorization, surface pit permit # has been commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit.		
New Operator's License No	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze authorization, surface pit permit # has been commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit. is acknowledged as		
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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 noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze authorization, surface pit permit #has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit. is acknowledged as the new operator of the above named lease containing the surface pit		
New Operator's License No. 32864	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit. is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:		

Side Two

Must Be Filed For All Wells

DOR Lease No	GROTHE		* Locatio	n: 23 33 3	351770	
· Lease Name: GROTHE Well No. API No. (YR ORLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)			Type of Well (OlVGas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
B1 ¹	15189003460000	2970FSL	2310FEL_	G	AS	ACTIVE
<u> </u>						
		FSL/FNL	FEL	/FWL		
		F\$L/FNL	FEL	/FWL _		
		FSL/FNL	FEL	ÆWL _		
		FSL/FNL	FEL	JFWL _		
		FSL/FNI	FEI	L/FWL _		
		F\$UFNU	FE	JFWL _		
		FSL/FNI	FEI	L/FWL _		
		FSL/FN	LFE	L/FWL _		
		FSL/FN	LFE	L/FWL .		
		FSL/FN	L FE	L/FWL -		
		FSL/FN	LFE	L/FWL .		
		FSL/FN	ILFE	L/FWL .		
	· _ _	FSL/FN	/L FE	EL/FWL .		
		FSL/FN	¥LF	EL/FWL		
		FSL/FI	NLFI	EL/FWL	NOTION AND PROPERTY OF THE PRO	Sheething and Sh
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			NL MARKET PROJECTION F		ggs my , moreovidggggdden olyno y o'r nychonnygglyddiggar, a trwannin arrestniau lagund o'r di	Service and a service of the service
engaliny haavoolevaalely ti oleka siroo velkeelingaalelelel	The distribution of the second	FSL/F		EL/FWL		
		FSL/F	NLF	EL/FWL		– K CC WICHI
		FSL/F	:NLF	EL/FWL		JUN 1 8 2013
		FSL/F	NLF	FEL/FWL		RECEIVE
			FNL			

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 CORPORATIO		NE Sec. 23 Twp.33 S. R. 35 Eas X West				
Address 1: P. O. BOX 4358	County: Stever					
Address 2:	Lease Name: S	GROTHE Well #: B1				
City: HOUSTON State: TX	Zip: 77210 + 4358 If filing a Form	[1 for multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT	TAAA BAAL	the fease below: T033S - R035W: SEC 023 All				
Phone: (713 431 1854 Fax: (713 431-1475	4. 3EC 023 All				
Email Address: <u>adam.e.scott@exxonmob</u>	il.com					
Surface Owner Information:						
Name: See Attached		orm 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 owner information can be found in the records of the register of deeds for the				
Address 2:	county, and in the	ne real estate property tax records of the county treasurer.				
City: State:	Zip:+					
owner(s) of the land upon which to CP-1 that I am filing in connection	the subject well is or will be located: 1) a copy on with this form; 2) if the form being filed is a For ddress, phone number, fax, and email address.	32), I have provided the following to the surface of the Form C-1, Form CB-1, Form T-1, or Form m C-1 or Form CB-1, the plat(s) required by this				
KCC will be required to send this		pecause I have not provided this information, the ethe additional cost of the KCC performing this e KCC, which is enclosed with this form.				
KCC will be required to send this task, I acknowledge that I am beir If choosing the second option, submit pay	information to the surface owner(s). To mitigating charged a \$30.00 handling fee, payable to the	e the additional cost of the KCC performing this				
KCC will be required to send this task, I acknowledge that I am beir If choosing the second option, submit pay form and the associated Form C-1, Form	information to the surface owner(s). To mitigating charged a \$30.00 handling fee, payable to the syment of the \$30.00 handling fee with this form.	e the additional cost of the KCC performing this e KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1				
KCC will be required to send this task, I acknowledge that I am beir If choosing the second option, submit pay form and the associated Form C-1, Form	information to the surface owner(s). To mitigating charged a \$30.00 handling fee, payable to the syment of the \$30.00 handling fee with this form. CB-1, Form T-1, or Form CP-1 will be returned. The herein are true and correct to the best of my knowledge.	e the additional cost of the KCC performing this e KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1				

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

JUN 18 2013 RECEIVED

Surface Owners

API#:	1518900	3460000	Lease Name: _	GROT	HE		Well #: <u>B1</u>	
Owner Name: CARLILE, GEORGE A RESTATED REV TR TTEE								
	Address:	1221 ROAD 27						
	City:	HUGOTON	State:	KS	Zip:	67951		
OWI	ner Name: Address:							
	City:		State:		Zip:			
Owi	ner Name:							
	Address:							
	City:		State:		Zip:			
	ner Name: Address:							
	City:		State:		Zip:			
Owr	ner Name: Address:							
	City:		State:		Zip:			

KCC WICHITA JUN 18 2013 RECEIVED