### 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 subr  | mitted with this form.   |
|---|--|
| Oil Lease: No. of Oil Wells   | Effective Date of Transfer: 7/1/2013  KS Dept of Revenue Lease No.: 200139  Lease Name: H H BROWNELL |
| ** 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  Past Operator's License No. 5208   | leet from N / S Line of Sectionleet from E / W Line of Sectionleet from E / Drilling                 |
|   | Contact Person: LAURIE KILBRIDE  |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION  | Phone: _713-431-1182 KCC WICHITA   |
| P. O. BOX 4358, HOUSTON, TX 77210-4358  | Date: 05/31/2013 JUN 1 8 2013  |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT   | Signature: <u>Audrew D. Cole</u><br>RECEIVED   |
| New Operator's License No. 32864  | Contact Person: BRENDA WALLER  |
| New Operator's Name & Address: XTO ENERGY INC.  | Phone: 405-319-3259  |
| 210 PARK AVENUE, SUITE 2350   | Oil / Gas Purchaser: WGP-KHC LLC   |
| OKLAHOMA CITY, OK 73102   | Date: 05/31/2013   |
| Title: _SR. OPERATIONS VICE PRESIDENT   | Signature: <u>Douglas (l. Schultze</u>   |
| 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  | n 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 permitted by No.:               |
| Date:   | Date:  |
| DISTRICT EPR PART Operator New Operator | PRODUCTION   |

#### Side Two

#### Must Be Filed For All Wells

| Lease Name:  | H H BROWNELL   |                                    | Location: 13   | 3 31 36 WSE   |  |  |
|--|--|------------------------------------|--|---|--|--|
| Well No.   | API No.<br>(YR DRLD/PRE '67)   | Foolage Irom<br>(i.e. FSL = Feet f | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |   | Well Status<br>(PROD/TA'D/Abandoned  |  |
| 1  |  | 2310FSL                            | 2310FEL  | GAS   | ACTIVE   |  |
|  |  |                                    |  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEUFWL   |   | <del>-</del>   |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   | _  |  |
|  | -  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   | _  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   | _  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
| e and a second and  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
| erre - waarn word on and a second of the sec | ## Approximation recognision (p. 17) in Approximation (p. 17) to general Magnetic (proximation ( | FSL/FNL                            | FELFWL   | unipologica propore. Vunipologica del polo por viente en un del propologica est e en en en en el propologica del pologica | engania Enchassando e insular homologica (no interpreta por interpreta del compreta |  |
|  | _  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            | FEL/FWL  |   |  |  |
|  |  | FSL/FNL                            |  |   | KCC WICHITA  |  |
|  |  | FSL/FNL                            |  |   | JUN 1 8 2013   |  |
|  |  | FSI /FNI                           | FEL/FWI  |   | 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 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  | I (Intent) CB-1 (Cathodic Protection Boxehole  | Intent) XT-1 (Transfer) CP-1 (Plugging Application)   |  |  |  |
|---|--|---|--|--|--|
| OPERATOR: License # 5208  |  |   |  |  |  |
| Name: EXXONMOBIL OIL CORPORATION  |  | Sec. 13 Twp.31 S. R. 36 Eas X West  |  |  |  |
| Address 1: P. O. BOX 4358   |  |   |  |  |  |
| Address 2:  | Lease Name: HHE  | Lease Name: H H BROWNELL Well #: 1  If filing a Form 7-1 for multiple wells on a lease, enter the legal description of    |  |  |  |
| City: HOUSTON State: TX Zip: 772  |  |   |  |  |  |
| Contact Person: ADAM SCOTT  | the lease below:<br>T031S - R036W: SE  | EC 013 All  |  |  |  |
| Phone: { 713 431- 1859 Fax: ( 713 431-  | -1475  |   |  |  |  |
| Email Address: adam.e.scott@exxonmobil.com  | <u> </u>   |   |  |  |  |
| Surface Owner Information:  |  |   |  |  |  |
| Name: See Attached  | When filing a Form   | F1 involving multiple surface owners, attach an additional  |  |  |  |
| Address 1:  |  | ie information to the left for each surface owner. Surface<br>an be tound in the records of the register of deeds for the |  |  |  |
| Address 2:  | county, and in the re  | al estate property tax records of the county treasurer.   |  |  |  |
| City: State: Zip:   | +  |   |  |  |  |
| Select one of the following:  X I certify that, pursuant to the Kansas Surfactowner(s) of the land upon which the subject CP-1 that I am filing in connection with this form; and 3) my operator name, address, pho | well is or will be located: 1) a copy of thorm; 2) if the form being filed is a Form C | ne Form C-1, Form CB-1, Form T-1, or Form   |  |  |  |
| I have not provided this information to the sur<br>KCC will be required to send this information<br>task, I acknowledge that I am being charged   | to the surface owner(s). To mitigate th  | e additional cost of the KCC performing this  |  |  |  |
| If choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1. Form  |  | the fee is not received with this form, the KSONA-1   |  |  |  |
| I hereby certify that the statements made herein are  | true and correct to the best of my knowk   | edge and belief.  |  |  |  |
| Date: 6/15/2013 Signature of Operator or Ag   | ent: M. Michael McNulty  | Tille: Regional Land Manager  |  |  |  |
| API # :15189002040000   | KDOR #200139   | KCC WICHITA   |  |  |  |

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

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### **Surface Owners**

| API#: <u>15</u> | 5189002040000       | Lease Name: _ | H H BROW | NELL              | <br>Well #:1 |  |
|-----------------|---------------------|---------------|----------|-------------------|--------------|--|
|                 |                     |               |          |                   |              |  |
|                 | Name: SLEMP, CARL V | VLIVIRIIEE    |          |                   |              |  |
| Ade             | dress: PO BOX 683   |               |          |                   |              |  |
|                 | City: ULYSSES       | State:        | KS Zij   | <b>67880-0683</b> |              |  |
| Owner           | Name:<br>dress:     |               |          |                   |              |  |
| Au              | ar <del>uss.</del>  |               |          |                   |              |  |
|                 | City:               | State:        | Z        | ip:               |              |  |
|                 |                     |               |          |                   |              |  |
| Owner           | Name:               |               |          |                   |              |  |
| Ad              | dress:              |               |          |                   |              |  |
|                 | City:               | State:        | Zi       |                   |              |  |
|                 | Oity.               | State:        | 21       | p:                |              |  |
|                 |                     |               |          |                   |              |  |
|                 |                     |               |          |                   |              |  |
| Owner I         | Name:               |               |          |                   |              |  |
|                 | dress:              |               |          |                   |              |  |
|                 | Olf                 | State:        |          |                   |              |  |
|                 | City:               | State:        | Zi       | p:                |              |  |
|                 |                     |               |          |                   |              |  |
|                 |                     |               |          |                   |              |  |
| Owner I         | Name:<br>dress:     |               |          |                   |              |  |
|                 | City:               | State:        | Zi       | <b>p</b> :        |              |  |
|                 |                     |               |          |                   |              |  |

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