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: | teo with the total. | | |
|---|--|--|--|
| 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.: 201338 | | |
| Gas Gathering System: | Lease Name: H J GILBERT | | |
| 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.: | T031S - R036W: SEC 009 All | | |
| Entire Project: Yes No | | | |
| Number of Injection Wells** | County: Stevens | | |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE | | | |
| | I IOGINEUM I EXITO(3): | | |
| ** Side Two Must Be Completed. | Injection Zone(s): | | |
| Surface Pit Permit No.: | leet from N / S Line of Section | | |
| (API No. If Drill Pit, WO or Haul) | Lest from □ E / □ W Line of Section | | |
| Turn of Dia Company Company Company | Haul-Off Workover O Drilling | | |
| Type of Pit: Emergency Burn Settling | | | |
| Past Operator's License No | Contact Person: LAURIE KILBRIDE | | |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION | Phone: 713-431-1182 | | |
| P. O. BOX 4358, HOUSTON, TX 77210-4358 | 05/24/2042 | | |
| | Value: | | |
| Title:RSO MANAGER/AGENT & ATTORNEY-IN-FACT | Signature: <u>Andrew 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 | | |
| | RCC WICE/III | | |
| 210 PARK AVENUE, SUITE 2350 | Oil / Gas Purchaser: WGP-KHC LLC | | |
| OKLAHOMA CITY, OK 73102 | Oale: 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 | authorization, surface pit permit #has been | | |
| | Commission. This acknowledgment of transfer pertains to Kansas Corporation | | |
| Commission records only and does not convey any ownership interest in the | | | |
| Commission records only and does not convey any ownership into confining | about a patient transfer or proportion | | |
| 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 pit | | |
| Permit No.: Recommended action: | permitted by No.: | | |
| | | | |
| Date: | Date: | | |
| | 10 10 | | |
| 1 | PRODUCTION 10 · 1 · 13 UIC 10 · 1-13 | | |
| Mail to: Past Operator New Operat | or District | | |

Side Two

Must Be Filed For All Wells

| Lease Name: | H J GILBERT | · · · · · · · · · · · · · · · · · · · | Location: 9 | 31 38/M 7 E | |
|---|--|---------------------------------------|--|-------------|-------------------------------------|
| Well No. | API No. (YR DRLD/PRE '67) | Foolage from (i.e. FSL = Feet fo | Footage from Section Line (i.e. FSL = Feet from South Line) | | Well Status (PROD/TA'D/Abandoned |
| 1 | 15189002000000 | 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 | FEL/FWL | | _ |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEUFWL | | _ |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | _ |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
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| andria a dia a distributiva di serio di antico di a | A Hardward Control of the Control of | FSL/FNL | FEL/FWL | | |
| | | | | | |
| eard in hire in an arrivary (laste 1671) (Establish 1872) | until vinterge elember vinere mennemmensser zurgenen zuröhlemennen (mindlich bet ziert. | FSL/FNL | | | |
| | | | FEL/FWL | | |
| a 140 | | | FEL/FWL | | KCC WICHITA |
| | | | FEL/FWL | | JUN 18 2013 |
| | | | FEUFWL | | 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 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 (inter- | it) CB-1 (Cathodic Protection Boxelic | te Intent) XT-1 (Transfer) CP-1 (Plugging Application) | | | |
|--|--|--|--|--|--|
| OPERATOR: License # 5208 | Well Location: | | | | |
| Name: EXXONMOBIL OIL CORPORATION | | Sec. 9 Twp31 S. R.36 Eas X West | | | |
| Address 1:P. O. BOX 4358 | | | | | |
| Address 2: | | GILBERT Well #: 1 | | | |
| City: HOUSTON State: TX Zip: 77210 to | | If filing a Form 1-1 for multiple wells on a lease, enter the legal description of | | | |
| Contact Person: ADAM SCOTT | the lease below: | | | | |
| Phone: (713 431 859 Fax: (713 431-1475 | | SEC 009 All | | | |
| Email Address: adam.e.scott@exxonmobil.com | | | | | |
| Surface Owner Information: | | | | | |
| Name: See Attached | | n E1 iovolving multiple surface owners, attach an additional | | | |
| Address 1: | sheet listing all of owner information | the information to the left for each surface owner. Surface can be found in the records of the register of deeds for the | | | |
| Address 2: | a account a consed in Africa. | real estate property tax records of the county treasurer. | | | |
| City: State: Zip: | · | | | | |
| are preliminary non-binding estimates. The locations may Select one of the following: X I certify that, pursuant to the Kansas Surface Ovowner(s) of the land upon which the subject well CP-1 that I am filing in connection with this form; form; and 3) my operator name, address, phone in | wher Notice Act (House Bill 2032) is or will be located: 1) a copy of 2) if the form being filed is a Form |), I have provided the following to the surface the Form C-1, Form CB-1, Form T-1, or Form | | | |
| I have not provided this information to the surface KCC will be required to send this information to the task, I acknowledge that I am being charged a \$30.000 and \$30.000 are sent to the surface of the | he surface owner(s). To mitigate i | the additional cost of the KCC performing this | | | |
| If choosing the second option, submit payment of the \$30 form and the associated Form C-1, Form CB-1, Form T-1, | 0.00 handling fee with this form. I or Form CP-1 will be returned. | f 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 know | vledge and belief. | | | |
| Date: 6/15/2013 Signature of Operator or Agent: _ | M. Michael McNulty | Tille: Regional Land Manager | | | |
| API # :15189002000000 KI | DOR #201338 | KCC WICHITA | | | |

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

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JUN 18 2013

Surface Owners

| API#: | 15189002000000 | Lease Name: _ | H J GIL | BERT | | Well #: _1 | |
|-------|-------------------------|---------------|---------|------|------------|------------|--|
| | | | | | | | |
| O | ner Name: KOSSUTH, ZELN | ΛΔ | | | | | |
| | Address: 1509 S JEFFERS | | | | | | |
| | Address: 1909 5 JEFFERS | ON | | | | | |
| | City: HUGOTON | State: | KS | Zip: | 67951-3018 | | |
| Owi | ner Name: Address: | | | | | | |
| | Audites. | | | | | | |
| | City: | State: | | Zip: | | | |
| | | | | | | | |
| Owr | ner Name: | | | | | | |
| | Address: | | | | | | |
| | City: | State | : | Zip: | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Own | ner Name: | | | | | | |
| | Address: | | | | | | |
| | City: | State: | ; | Zip: | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Owr | ner Name: Address: | | | | | | |
| | | _ | | | | | |
| | City: | State | : | Zip: | | | |
| | | | | | | | |

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Well #: 1