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 submitted with this form.
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.: 221633
Gas Gathering System:	•
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.:	T026S - R037W: SEC 031 All
Entire Project: Yes No	
Number of Injection Wells **	County: Kearny
Field Name: COMBINED HUGOTON PANOMA COUNCIL GRO	
** Side Two Must Be Completed.	Injection Zone(s):
	injection zono(s).
Surface Pit Permit No.:	leet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Se	ottling Haul-Off Workover Of Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORA	ATION Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 RECEIVED
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole KANSAS CORPORATION COMMISSION
	IIIN 1 8 2013
New Operator's License No. 32864	WICHITA, KS
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102	Dale: 05/31/2013
Title: _ SR. OPERATIONS VICE PRESIDENT	Signaturo: Douglas C. Schultze
Tiue.	ag ising.
Askinguidadumant of Thomaton. The charge account to	ster of injection authorization, surface oil permit # has been
Acknowledgment of Transfer: The above request for trans-	as Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership	·
Commission records only and does not convey any ownership	Tributes in the above injection wents, or priparties.
is ackn	nowledged as is acknowledged as
	-
the new operator and may continue to inject fluids as a	
Permit No.: Recommended action:	permitted by No.:
Date:	Date:
The second secon	2//3 PRODUCTION CCT 2 3 2013 uic 10-23-13
Mail to: Past Operator	New Operator District

Must Be Filed For All Wells

VD001	AND . 221633	Must De	riled for An Wells			
KDOR Lease No.: 221633 Lease Name: HUTTON A			* Location; _31	* Location: 31 26 37W N ບ່		
Well No.	Well No. API No. Foo		Section Line rom South Line)	Type of Well (Ol/Ges/INJ/WSW)	Well Status (PROD/TA'D/Abandoned	
A13 INF	15093215600000 🗸	1385FNL	1250FWL	GAS	ACTIVE	
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		50.51	FEL/FWL			
			FEL/FWL			
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
	_	FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL	***************************************		
		FSL/FNL	FEL/FWL		_	
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		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL	Secretary and a secretary and		
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	KANSAS	RECEIVED CORPORATION COMMISSION	
			FEL/FWL		IIIN 1 8 2013	
					ONSERVATION DIVISION	
		FSL/FNL	FEL/FWL		WICHITA, KS	
		ESI ÆNI	ECI /EWI			

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 (Cat	odic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)			
ADERATAR: Linama # 5208		NA BLOOM STATE OF THE STATE OF			
OPERATOR: LICEIDE #	ION	Well Location: Sec. 31 Twp.26 S. R. 37 EastX West			
Name: EXXONMOBIL CIL CORPORAT Address 1: P. O. BOX 4358		County: Kearny			
Address 2:		Lease Name: HUTTON A Well #: A1-3 INF			
City: HOUSTON State: TX					
Contact Person: ADAM SCOTT		If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (713 431-1859 Fax	713 431-1475	T026S - R037W: SEC 031 All			
Email Address: adam.e.scott@exxonme					
Surface Owner Information:					
Name: See Attached		When filing a Form 1-1 involving multiple surface owners, attach an additional 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 1:					
Address 2:	a maka makapipu ya minganakan ministroka makapi (min sama). No ministroka ministroka ministroka ministroka min	county, and in the real estate property tax records of the county treasurer.			
City: State:	Zip:+				
are preliminary non-binding estimates. Select one of the following:	The locations may be entered on ti	ne Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
owner(s) of the land upon whic CP-1 that I am filing in connecti	h the subject well is or will be loca	(House Bill 2032), I have provided the following to the surface ted: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ng filed is a Form C-1 or Form CB-1, the plat(s) required by this email address.			
KCC will be required to send th	is information to the surface owne	nowledge that, because I have not provided this information, the r(s). To mitigate the additional cost of the KCC performing this e, payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit p form and the associated Form C-1, For		e with this form. If the fee is not received with this form, the KSONA-1 vill be returned.			
I hereby certify that the statements mad	le herein are true and correct to th	e best of my knowledge and belief.			
Date: 6/15/2013 Signature of	Operator or Agent:	Mille: Regional Land Manager			
API # :15093215600000	KDOR #221633	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

Surface Owners

API#: 15093215600000 Lease Name: HUTTON A Well #: A1-3 INF **Owner Name: TATE FAMILY TRUST** Address: PO BOX 69 City: LAKIN State: KS Zip: 67860 Owner Name: Address: City: Zip: State: Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip: **Owner Name:** Address: State: City: Zip:

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS