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:	iled with this form.
Check Applicable Boxes: Oil Lease: No. of Oil Wells** Gas Lease: No. of Gas Wells** Gas Gathering System: Saftwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Entire Project: Yes No	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 202087 Lease Name: JONES
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
Type of Pit: Emergency Burn Settling	feet from ☐ E / ☐ W Line of Section Haul-Off ☐ Workover 2 ☐ 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	05/24/2042
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date:
New Operator's License No. 32864	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 KCC WICHIT
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES JUN 1 8 2013
OKLAHOMA CITY, OK 73102	Date: 05/31/2013 RECEIVED
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection and noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the analysis.	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	PRODUCTION 10-21-13 UIC 10-21-13
Mail to: Past Operator New Operato	or District

Side Two

Must Be Filed For All Wells

Lease Name: JONES		Location: 24	- Location: 24 32 36 W N W		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
H1	15189001380000	2970FSL	2970FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		William Communication of the C
	_	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		
. "		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
		FSL/FNL	-		
		FSL/FNL			
		FSL/FNL			
		FSL/FNL			
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		JUN 1 8 2013
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		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.

5209	Mail Landing			
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION	Ali	Well Location: NW Sec. 24 Twp.32 S. R. 36 EastX West		
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	and the state of t			
Address 2:		IES Well #: H1		
Cay: HOUSTON State: TX				
Phone: (713 431-1859 Fax: (713 431-1475 T032S - R036W: S	BEC 024 N2, SW4, SE4		
Email Address: <u>adam.e.scott@exxonmobi</u>				
Surface Owner Information:				
Name: See Attached	When filing a Form	n T.1 involving multiple surface owners, attach an additional the information to the left for each surface owner. Surface		
Address 1:	owner information	can be found in the records of the register of deeds for the		
Address 2:	county, and in the i	real estate property tax records of the county treasurer.		
City: State:				
the KCC with a plat chowing the predicted	l locations of lease roads, tank batteries, Dibelines,	ole Intent), you must supply the surface owners and and electrical lines. The locations shown on the plat Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:				
owner(s) of the land upon which to CP-1 that I am filling in connection	isas Surface Owner Notice Act (House Bill 2032) the subject well is or will be located: 1) a copy of with this form: 2) if the form being filed is a Form ddress, phone number, fax, and email address.	the Form C-1, Form CB-1, Form 1-1, or Form		
KCC will be required to send this	on to the surface owner(s). I acknowledge that, be information to the surface owner(s). To mitigate in ing charged a \$30.00 handling fee, payable to the l	the additional cost of the KCC penorming this		
If choosing the second option, submit pay form and the associated Form C-1, Form	yment of the \$30.00 handling fee with this form. I CB-1, Form T-1, or Form CP-1 will be returned.	f the fee is not received with this form, the KSONA-1		
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 Op	perator or Agent:	Title: Regional Land Manager		
API # :15189001380000	KDOR #202087	KCC WICH!T		

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

JUN 1 8 2013

RECEIVED

Surface Owners

AP#: 15189001380000

Owner Name: CRM LLC		
Address: Attn: CRAWFORD, 1024 N CLAY AVE	RHONDA	
City: LIBERAL	State: KS	Zip: 67901
Owner Name:		
Address:		
City:	State:	Zip:
Owner Name: Address:		
City:	State:	Zip:
Owner Name: Address:		
City:	State:	Zip:
Owner Name: Address:		
City:	State:	Zip:

Lease Name: JONES

KCC WICHITA
JUN 18 2013
RECEIVED

Well #: H1