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:	tied with the 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.: 202085				
Gas Gathering System:	Lease Name: JONES				
Saltwater Disposal Well - Permit No.:	NE'sec. 33 Two. 31 R. 35W TEXW				
Spot Location: feet from N / S Line					
feet from E / W Line	Legal Description of Lease:				
Enhanced Recovery Project Permit No.:	T031S - R035W: SEC 033 W2, NE4, SE4				
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 Pit Permit No.:	leet from N / S Line of Sectionleet from E / W Line of Section Haul-Off Workover DL Drilling				
Part Charator's Lineage No. 5208	Contact Person: LAURIE KILBRIDE				
Past Operator 5 Election 140.					
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182				
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date:				
Title:RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u>				
New Operator's License No32864 /	Contact Person: BRENDA WALLER KCC WICHIT				
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 JUN 1 8 2013				
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser ONEOK FIELD SERVICES				
OKLAHOMA CITY, OK 73102	Date: 05/31/2013 RECEIVED				
Title: SR. OPERATIONS VICE PRESIDENT	Signature:				
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	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				
Petrit Nu.:	politimos by Frac.				
Date:	Date:				
Authorized Signature	Authorized Signature				
DISTRICT EPR EPR	PRODUCTION 10.1.13 UIC 10-1-13				
Mail to: Past Operator New Opera	ator District				

Side Two

Must Be Filed For All Wells

Lease Name:	JONES		* Location: 33 31 35\WNE						
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet)	n Section Line from South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)				
6	15189001870000 /	1840 2840FSL	2840 2640FEL	GAS	ACTIVE				
		FSL/FNL	FELFWL						
		FSL/FNL	FEL/FWL						
		FSL/FNI	FEL/FWL						
		FSL/FNI	FEL/FWL						
		FSL/FNI	FEL/FWL						
		FSL/FNI	FEUFWL		_				
		FSL/FNI	FEL/FWL						
		FSL/FN							
		FSL/FN	-						
		FSL/FN							
		FSL/FN	L FEL/FWL						
· · · · · · · · · · · · · · · · · · ·		FSL/FN	L FEL/FWL						
		FSL/FN	L FEL/FWL						
		FSL/FN	LFEL/FWL						
		FSL/FN	LFEL/FWL						
		FSL/FN	L FEL/FWL						
		FSL/FN	LFEL/FWL						
			LFEL/FWL						
		FSL/FN	ILFEL/FWL		- KCC WICHITA				
		FSL/FN							
					JUN 1 8 2013				
		FSL/FN	(LFEDCAAL		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.

OPERATOR: License # 5208	Well Location:					
Name: EXXONMOBIL OIL CORPORATIO	N Commission Commissio					
Address 1: P. O. BOX 4358		ens				
Address 2:	Lease Name:	JONES Well #: 6				
City: HOUSTON State: TX		n T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: ADAM SCOTT		the lease below: T031S - R035W: SEC 033 W2, NE4, SE4				
Phone: (713 /431. \850 Fax:	(
Email Address: adam.e.scott@exxonmol	oll.com					
Surface Owner Information:						
Name: See Attached	When filing a	Form T.1 involving multiple surface owners, attach an additional				
Address 1:	owner informa	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:	and the same of the	the real estate property tax records of the county treasurer.				
City: State:	_ Zip:+					
owner(s) of the land upon which CP-1 that I am filing in connectio form; and 3) my operator name, and I have not provided this information.	the subject well is or will be located: 1) a copy n with this form; 2) if the form being filed is a Fo address, phone number, fax, and email address on to the surface owner(s). I acknowledge that	, because I have not provided this information, the ate the additional cost of the KCC performing this				
If choosing the second option, submit pa form and the associated Form C-1, Form	nyment of the \$30.00 handling fee with this form I CB-1, Form T-1, or Form CP-1 will be returned	n. If the fee is not received with this form, the KSONA-1 d.				
I hereby certify that the statements made	herein are true and correct to the best of my k	snowledge and belief.				
Date: 6/15/2013 Signature of O	perator or Agent:	Tille: Regional Land Manager				

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

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JUN 18 2013

Surface Owners

API#:	1518900	1870000	Lease Name: _	JONES			Well #: _	Well #: 6		
			BUSINESS A KS G	ENERA	L PTNS	HP				
	Address:	1961 RD CC								
	City:	SATANTA	State:	KS	Zip:	67870-8759				
Ow	ner Name: Address:									
	City:		State:		Zip:					
Owi	ner Name: Address:									
	City:		State:		Zip:					
Owr	ner Name: Address:									
	City:		State:		Zip:					
Owi	ner Name:									
	Address:									
	City:		State:		Zip:					

JUN 18 2013
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