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 Kanese Surface Owner Notification Act,

| Check Applicable Boxes: | nitted with this form. | | | |
|--|---|-------------|--|--|
| Off 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.: 200425 Losso Name: K BROWN SW Sec. 9 Two. 33 R. 36W F E X W | | | |
| Gas Gathering System: | | | | |
| Saltwater Disposal Well - Permit No.: | | | | |
| Spot Location: feet from N / S Line | | LX) W | | |
| feet from E / W Line | Legal Description of Lease: | | | |
| Enhanced Recovery Project Permit No.: | T033S - R036W: SEC 009 NE4, NW4, SW4, SE4 | | | |
| Entire Project: Yes No | | | | |
| Number of Injection Wells** | County: Stevens Production Zone(s): CHASE | | | |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE | | | | |
| ** Side Two Must Be Completed. | Injection Zone(s): | | | |
| | #\$OUTOH ZUNG(o). | | | |
| Surface Pit Permit No.: | leet from N / S Line of Section | | | |
| (API No. II Drill Pit. WO or Haul) | leet from E I W Line of Section | | | |
| Type of Pit: Settling | Haul-Off Workover (7) Drilling | | | |
| · · · · · · · · · · · · · · · · · · · | L VE L | | | |
| Past Operator's License No | Contact Person: LAURIE KILBRIDE | | | |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION | Phone: 713-431-1182 | 7 | | |
| P. O. BOX 4368, HOUSTON, TX 77210-4358 | Date: 05/31/2013 | | | |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT | Signature: | | | |
| 109; | . Organizatio | | | |
| New Operator's License No. 32864 (| Contact Person: BRENDA WALLER | , | | |
| | • | | | |
| New Operator's Nemo & Address: XTO ENERGY INC. | Phone: RECEIVED KANSAS CORPORATION CO | OMMOO! | | |
| 210 PARK AVENUE, SUITE 2350 | Oil / Gas Purchaser: | OMMISSIC | | |
| OKLAHOMA CITY, OK 73102 | Date: 05/31/2013 JUN 1 8 20 | 013 | | |
| Tribs: SR. OPERATIONS VICE PRESIDENT | Signatura Dauglas P. Schuttre | #8I6N | | |
| | CONSERVATION DIV. WICHITA, KS. | | | |
| Acknowledgment of Transfer: The above request for transfer of injection | on authorization, surface pit permit #ha | s been | | |
| noted, approved and duty recorded in the records of the Kansas Corporation | on Commission. This acknowledgment of transfer pertains to Kansas Corp | oration | | |
| Commission records only and does not convey any ownership interest in ti | he above injection well(s) or pit permit. | | | |
| | | | | |
| is acknowledged as | is acknowled | iged as | | |
| the new operator and may continue to inject Iluids as authorized by | y the new operator of the above named lease containing the surf | lace pit | | |
| Permit No.: | permitted by No.: | | | |
| Lanne (1964) . Listening and r | | | | |
| Date | Date: | | | |
| Date: Authorized Signature / | Authorized Signature | | | |
| DISTRICT EPR 10/14/13 | PRODUCTION 10.15.13 UIC 10-15-13 | 5 | | |
| Mail to: Past Operator New Ope | rator District | 1 | | |

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

Side Two

Must Be Filed For All Wells

| ase Name: | K BROWN | | * Location: 9 33 36WSW | | | | |
|---------------------------------------|--|-------------------------------------|---|-----|---|--|--|
| Weil No. | API No. (YR DRLD/PRE '67) | Footage from (i.e. FSL = Feet fo | Footage from Section Line (i.e. FSL = Feet from South Line) | | Well Status (PROD/TA'D/Abandoned) | | |
| | 1518900370900 0 🗸 | 2540FSL | 2590FWL | GAS | ACTIVE | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | _ | FSUFNL | FEUFWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| · · · · · · · · · · · · · · · · · · · | | FSUFNL | FEUFWL | | | | |
| · | | FSL/FNL | | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | | | | | |
| | | | | | | | |
| | | FSL/FNL | - | | *************************************** | | |
| | | FSL/FNL | | | | | |
| | | | | | | | |
| | | FSL/FNL | | | | | |
| | and the second s | FSL/FN | | | | | |
| | | FSL/FNI | | | | | |
| | | FSL/FNI | | | <u> </u> | | |
| | | FSL/FN | LFEL/FWL | | - REPORTED | | |
| | | FSL/FNI | FEL/FWI | | HAARDARD CORRESPONDENCE COMMIN | | |
| | | FSL/FN | FEL/FWI | • | | | |
| | | F\$UFN | LFEL/FWI | | OCHREFERATION COMPANDO VACCULTA INS | | |

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

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Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

WICHITA, KS

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.

| DPERATOR: License # 5208 | Well Location: | | |
|---|--|--|--|
| lame: EXXONMOBIL OIL CORPORATION | | | |
| Address 1:P. O. BOX 4358 | County: Stevens Lease Name: K BROWN If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below: T033S - R036W: SEC 009 NE4, NW4, SW4, SE4 | | |
| Address 2: | | | |
| City: HOUSTON State: TX Zip: 77210 + 4358 | | | |
| Contact Person: ADAM SCOTT | | | |
| Phone: (713 431- 1959 Fax: (713 431-1475 | | | |
| Email Address: <u>adam.e.scott@exxonmobil.com</u> | _ | | |
| Surface Owner Information: | to the state of th | | |
| Name: See Attached | owner information can be found in the records of the register of deeds for the | | |
| Address 1: | | | |
| Address 2: | | | |
| City: | - | | |
| If this form is being submitted with a Form C-1 (intent) or CB-1 (Ca the KCC with a plat showing the predicted locations of lease roads, t are preliminary non-binding estimates. The locations may be entere | | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, the following prediminary non-binding estimates. The locations may be entered as a certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, facility information to the surface owner(s). | the contract of the form C-1 plat, Form CB-1 plat, or a separate plat may be submitted the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form theing filed is a Form C-1 or Form CB-1, the plat(s) required by this ex, and email address. I acknowledge that, because I have not provided this information, the powers. | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, the preliminary non-binding estimates. The locations may be entered Select one of the following: X | rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address. | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, the preliminary non-binding estimates. The locations may be enterested to the following: X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, factor will be required to send this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hands. | the Act (House Bill 2032), I have provided the following to the surface the located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form the surface the located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the surface the located: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this intermediate that the surface owner (s). To mitigate the additional cost of the KCC performing this diling fee, payable to the KCC, which is enclosed with this form. | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, the preliminary non-binding estimates. The locations may be enterewelled to be selected one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, factorized this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form form and the associated Form C-1, Form CB-1, Form T-1, or Form form and the associated Form C-1, Form CB-1, Form T-1, or Form form and the associated Form C-1, Form CB-1, Form T-1, or Form form and the associated Form C-1, Form CB-1, Form T-1, or Form form and the associated Form C-1, Form CB-1, Form T-1, or Form CB-1, Form CB-1, Form T-1, or Form CB-1, Form | the Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form their provided is a Form C-1 or Form CB-1, the plat(s) required by this is an email address. I acknowledge that, because I have not provided this information, the eleowner(s). To mitigate the additional cost of the KCC performing this alling fee, payable to the KCC, which is enclosed with this form. Illing fee with this form. If the fee is not received with this form, the KSONA CP-1 will be returned. | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, the preliminary non-binding estimates. The locations may be enterested one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, factorized will be required to send this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form I hereby certify that the statements made herein are true and correction. | the Act (House Bill 2032), I have provided the following to the surface on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ex, and email address. I acknowledge that, because I have not provided this information, the electric owner(s). To mitigate the additional cost of the KCC performing this alling fee, payable to the KCC, which is enclosed with this form. Illing fee with this form. If the fee is not received with this form, the KSONA CP-1 will be returned. | | |

Surface Owners

| 15189003700001 | Lease Name: _ | K BROWN | Well #: _1 |
|-----------------------|--|--|--|
| ner Name: GLOVER, J | O ANN & HUDNELL TR | , MARY KAY | |
| Address: 2615 S LIPS | COMB ST | | |
| City: AMARILLO | State: | TX Zip : | 79109-2331 |
| ner Name: Address: | | | |
| City: | State: | Zip: | |
| ner Name: Address: | | | |
| City: | State: | Zip: | |
| ner Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| ner Name: Address: | | | |
| City: | State: | Zip: | KCC WICHITA |
| | ner Name: GLOVER, Jo Address: 2615 S LIPS City: AMARILLO ner Name: Address: City: ner Name: Address: City: ner Name: Address: City: | ner Name: GLOVER, JO ANN & HUDNELL TR Address: 2615 S LIPSCOMB ST Gity: AMARILLO State: ner Name: Address: City: State: ner Name: Address: City: State: ner Name: Address: City: State: | ner Name: GLOVER, JO ANN & HUDNELL TR, MARY KAY Address: 2615 S LIPSCOMB ST City: AMARILLO State: TX Zip: ner Name: Address: City: State: Zip: ner Name: Address: City: State: Zip: ner Name: Address: City: State: Zip: |

JUN 18 2013
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RECEIVED KANSAS CORPORATION COMMISSION

MAY 2 1 2013

CONSERVATION DIVISION WICHITA, KS