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 submit	ted 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.: 202326		
Gas Gathering System:	Lease Name: LEFFLER		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from \square E / \square W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T031S - R035W: SEC 020 All		
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.: (API No. II Drill Pit, WO or Heal)	ieet from N / S Line of Sectionieet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
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	05/24/2012 ILIN 1.8 2013		
	Date:		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole RECEIVED		
New Operator's License No	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
	Oil / Gas Purchaser: WGP-KHC LLC		
210 PARK AVENUE, SUITE 2350	05/24/2042		
OKLAHOMA CITY, OK 73102	Dale: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>		
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	n 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	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
0.44	Date:		
Date:	Authorized Signature		
DISTRICT EPR	PRODUCTION 9 · 30 · 13 uic 9-30-13		
Mail to: Past Operator New Operator	ator District		

Side Two

Must Be Filed For All Wells

Lease Name: LEFFLER		Location: 20 31 35 WSE				
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15189001730000	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	FEL/FWL	40		
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL				
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		FSL/FNL				
	According to the second of the	FSL/FNL			Recognition States and Collection of the Collect	
		FSL/FNL			KCC WICHITA	
					JUN 1 8 2013	
		FSL/FNL			RECEIVED	
	Terrorial Section in the Section in	FSL/FNL			_ AEVENEU	
		FSL/FNL	FEL/FWL			

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	And the second section of the section of t	SE Sec. 20 Twp31 S. R. 35 EastX West			
Address 1: P. O. BOX 4358	-				
Address 2:	Lease Name: LEI	FFLER Well #: 1			
City: HOUSTON State: TX		If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT		the lease below: T031\$ - R035W: SEC 020 All			
Phone: (713 431- 1850 Fax:	713 431-1475	3E0 020 All			
Email Address: adam.e.scott@exxonmol	Dil.com				
Surface Owner Information:					
Name: See Attached	When filling a Forr	m T.1 involving multiple surface owners, attach an additional			
Address 1:	owner information	the information to the left for each surface owner. Surface a can be found in the records of the register of deeds for the			
Address 2:	man control man of the office.	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 connection	nsas Surface Owner Notice Act (House Bill 2032 the subject well is or will be located: 1) a copy of in with this form; 2) if the form being filed is a Form address, phone number, fax, and email address.	f the Form C-1, Form CB-1, Form T-1, or Form			
KCC will be required to send this	on to the surface owner(s). I acknowledge that, be s information to the surface owner(s). To mitigate ing charged a \$30.00 handling fee, payable to the	the additional cost of the KCC performing this			
If choosing the second option, submit pa form and the associated Form C-1, Form	ayment of the \$30.00 handling fee with this form. n CB-1, Form T-1, or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1			
I hereby certify that the statements made	e herein are true and correct to the best of my kno-	wledge and belief.			
Date: 6/15/2013 Signature of C	Operator or Agent: M. Michael McNulty	Title: Regional Land Manager			
API # :15189001730000	KDOR #202326				

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

KCC WICHITA

JUN 18 2013

RECEIVED

Surface Owners

API#: 15189001730000	Lease Name:LEF	FLER	Well #:1
			a*
Owner Name: CULLISON, JA	AMES W ETAL		
Address: PO BOX 367			
City: SATANTA	State: KS	Zip: 67870	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

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