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, MUST be submitted with this form. **Check Applicable Boxes:** Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No, of Gas Wells _ KS Dept of Revenue Lease No.: _ 220534 Gas Gathering System:_ Lease Name: LIGHTCAP Saltwater Disposal Well - Permit No.: ... SE Sec. 11 Two. 33 R. 36W __ feet from N / S Line Legal Description of Lease: __ feet from 🔲 E / 🔲 W Line T033S - R036W: SEC 011 All Enhanced Recovery Project Permit No.: __ 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 Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover OD Drilling **LAURIE KILBRIDE** Past Operator's License No. 5208 Contact Person: Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: ___05/31/2013 RECEIVED **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** KANSAS CORPORATION COMMISSION Signature: <u>Andrew D. Cole</u> **BRENDA WALLER** New Operator's License No. -Contact Person: . CONSERVATION DIVISION WICHITA, KS New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES 05/31/2013 **OKLAHOMA CITY, OK 73102** Signature: Douglas C. Schultze Title: SR. OPERATIONS VICE PRESIDENT Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. _ 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.: ___ Date: Authorized Signature DISTRICT __

New Operator

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

* Lease Name:	LIGHTCAP	*Location: 11 33 36W SE				
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned	
		500FSL	2500FEL	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			
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·		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		RECEIVED	
			FEL/FWL	KAN	BAS CORPORATION COMMISSION	
			FEL/FWL		JUN 1 8 2013	
	***************************************	FSUFNL		THE CONTROL OF THE CO	CONSERVATION DIVISION WICHITA, KS	

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 CORPORATION		SE Sec. 11 Twp.33 S. R. 36 Eas X West		
Address 1: P. O. BOX 4358		•		
Address 2:	Lease Name:	LIGHTCAP Well #: 2-4 INF		
City: HOUSTON State: TX		If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T033S - R036W: SEC 011 All		
Contact Person: ADAM SCOTT	TARR BAR			
Phone: { 713 431-1650 Fax:	: (<u>713 431-1475</u>			
Email Address: <u>adam.e.scott@exxonmo</u>	bil.com			
Surface Owner Information:				
Name: See Attached		Form T-1 involving multiple surface owners, attach an additional		
Address 1:		I of the information to the left for each surface owner. Surface tion can be found in the records of the register of deeds for the		
Address 2:	the state of the s	the real estate property tax records of the county freasurer.		
City: State:	Zip:+			
owner(s) of the land upon which CP-1 that I am filing in connectio	n the subject well is or will be located: 1) a copy on with this form; 2) if the form being filed is a Fo address, phone number, fax, and email address	132), I have provided the following to the surface of the Form C-1, Form CB-1, Form T-1, or Form rm C-1 or Form CB-1, the plat(s) required by this .		
KCC will be required to send this		because I have not provided this information, the ite the additional cost of the KCC performing this ne KCC, which is enclosed with this form.		
KCC will be required to send this task, I acknowledge that I am being the second option, submit parties and the associated Form C-1, Form	is information to the surface owner(s). To mitiga ing charged a \$30.00 handling fee, payable to the	te the additional cost of the KCC performing this ne KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1		
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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15189219510000	Lease Name: _	LIGHTCAP		Well #: _24 INF
Owi	ner Name: AD ASTRA AG LL	_C			
	Address: PO BOX 914				
	City: JOHNSON	State:	KS Zip :	67855	
Ow	ner Name:				
	Address:				
	City:	State:	Zip:		
Owi	ner Name:				
	Address:				
	City:	State:	Zip:		
.					
	er Name: Address:				
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS