#### 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:  | itted 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.: 202457                                       |  |  |
| Gas Gathering System:  | Lease Name: LIGHTCAP   |  |  |
| Saitwater Disposal Well - Permit No.:  |  |  |  |
| Spot Location: feet from N / S Line  |  |  |  |
| feet from E / W Line   | Legal Description of Lease:  |  |  |
| Enhanced Recovery Project Permit No.:  | T032S - R037W: SEC 025 SE4, SW4 SEC 036 NE4, NW4                           |  |  |
| 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)   | leet from E / W Line of Section  |  |  |
| Type of Pit: Emergency Burn Settling   | Haul-Off Workover DP Drilling  |  |  |
| 5000 /   |  |  |  |
| Past Operator's License No   | Contact Person: LAURIE KILBRIDE KCC W/ICLUTA                               |  |  |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION                   | Phone: 713-431-1182 KCC WICHITA  |  |  |
| P. O. BOX 4358, HOUSTON, TX 77210-4358                                       | Date: 05/31/2013 JUN 1 8 2013  |  |  |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT                                  | Signature: Andrew D. Cole RECEIVED   |  |  |
| New Operator's License No. 32864   | Contact Person: BRENDA WALLER  |  |  |
| New Operator's Name & Address: XTO ENERGY INC.                               | Phone: 405-319-3259  |  |  |
| 210 PARK AVENUE, SUITE 2350  | Oil / Gas Purchaser: ONEOK FIELD SERVICES                                  |  |  |
| OKLAHOMA CITY, OK 73102  | Date: 05/31/2013   |  |  |
| Title: _SR. OPERATIONS VICE PRESIDENT  | Signature: Douglas C. Schultze   |  |  |
|  | Organization   |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection a    | 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 a  | 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 / /   | Date:  |  |  |
|  | Authorized Signature   |  |  |
|  | PRODUCTION 9.27.13 UIC 9-27-13   |  |  |
| Mail to: Past Operator New Operato   | or District  |  |  |

#### Side Two

"

#### Must Be Filed For All Wells

| Lease Name:                             | LIGHTCAP   | - Location: 36 32 37WNW  |            |  |  |  |
|---|--|--|------------|--|--|--|
| Well No.                                | API No.<br>(YR DRLD/PRE '67)<br>15189002620000 /   | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |            | Type of Well<br>(Oll/Gas/INJ/WSW)  | Well Status<br>(PROD/TA'D/Abandoned  |  |
| 1                                       |  | 4950FSL  | 2970FEL    | GAS  | ACTIVE   |  |
|   |  |  |            |  |  |  |
|   |  | FSL/FNL  | FEUFWL     |  |  |  |
|   |  | FSL/FNL  | FEL/FWL    |  | _  |  |
|   |  | FSL/FNL  | FEL/FWL    |  |  |  |
|   |  | FSL/FNL  | FEL/FWL    |  |  |  |
|   |  | FSL/FNL  | FEL/FWL    |  |  |  |
|   |  | FSL/FNL  | FEL/FWL    |  |  |  |
|   |  | FSL/FNL  | FEUFWL     |  |  |  |
|   |  | - FSL/FNL  | FEUFWL     |  |  |  |
| <del></del> -                           |  | FSL/FNL  | FEL/FWL    |  |  |  |
| <del></del>                             |  | FSL/FNL  | FEL/FWL .  |  |  |  |
|   |  | FSL/FNL  | FEL/FWL .  |  |  |  |
|   |  | FSL/FNL  | FEL/FWL    |  |  |  |
|   |  | FSL/FNL  | FEL/FWL    |  |  |  |
| ·                                       |  | FSL/FNL  | FEL/FWL .  |  |  |  |
| Sandrille industrial existence as a sur | Market assertings in the Philippink CO has a surprise for the Color of | FSL/FNL  | FEL/FWL    |  |  |  |
|   |  | - FSL/FNL  | FEL/FWL    | All Plans Services   |  |  |
| and the second second second second     | enn y westergen general and a land of the english of the control and the contr |  | FEL/FWL    |  |  |  |
|   |  | FSL/FNL  | FEL/FWL    | rastaminingaspran, сі інставиторіявает яктя атамінійнят кіж ін социеставля | The rest of the contract of the state of the contract of the c |  |
|   |  | FSL/FNL  | FEL/FWL    |  |  |  |
|   |  |  | FEL/FWL _  |  | KCC WICHITA  |  |
|   |  | FSL/FNL  | FEL/FWL _  |  | JUN 18 2013  |  |
|   |  | ESI /ENI   | CEL /CIA/O |  | RECEIVED   |  |

A separate sheet may be attached if necessary

<sup>\*</sup> 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   |  |  |  |  |
|---|--|--|--|--|
| Name: EXXONMOBIL OIL CORPORATION  | Well Location:   |  |  |  |
| Address 1: P. O. BOX 4358   |  |  |  |  |
| Address 2:  |  |  |  |  |
| City: HOUSTON State: TX Zip: 77210 + 4358   | 19CH 7.  |  |  |  |
| Contact Person: ADAM SCOTT  | If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:<br>T032S - R037W: SEC 025 SE4, SW4_SEC 036 NE4, NW4   |  |  |  |
| Phone: { 713 431-   370 Fax: { 713 431-1475   |  |  |  |  |
| Email Address: adam.e.scott@exxonmobil.com  |  |  |  |  |
| Surface Owner Information:  |  |  |  |  |
| Name: See Attached  | When filing a Form 1.1 involving multiple surface owners, attach an additional   |  |  |  |
| Address 1:  | sheet listing all of the information to the left for each surface owner. Surface   |  |  |  |
| Address 2:  | <ul> <li>owner information can be found in the records of the register of deeds for the<br/>county, and in the real estate property tax records of the county treasurer.</li> </ul>  |  |  |  |
|   | The state of the s |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca<br>the KCC with a plat showing the predicted locations of lease made t   | thodic Protection Borehole Intent), you must supply the surface owners and   |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca<br>the KCC with a plat showing the predicted locations of lease roads, t<br>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 (Ca the KCC with a plat showing the predicted locations of lease roads, t are preliminary non-binding estimates. The locations may be entere  Select one of the following:  X     certify that, pursuant to the Kansas Surface Owner Notic owner(s) of the land upon which the sublect well is or will be  | thodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  e Act (House Bill 2032), I have provided the following to the surface le located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) saving of the 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 are preliminary non-binding estimates. The locations may be entered Select 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 forform; and 3) my operator name, address, phone number, factorized this information to the surface owner(s).  I have not provided this information to the surface owner(s).   | thodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  e Act (House Bill 2032), I have provided the following to the surface le located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) saving of the 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 following predicted locations may be entered. The locations may be entered.  Select one of the following:  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 forform; and 3) my operator name, address, phone number, fax.  I have not provided 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 handlef choosing the second option, submit payment of the \$30.00 handlef choosing the second option, submit payment of the \$30.00 handleft. | thodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  e Act (House Bill 2032). I have provided the following to the surface te located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.  |  |  |  |
| are preliminary non-binding estimates. The locations may be entere  Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notic owner(s) of the land upon which the subject well is or will b CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax  I have not provided 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 handless.  | thodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  e Act (House Bill 2032), I have provided the following to the surface le located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form, the KSONA-1 ing fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.   |  |  |  |

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

JUN 18 2013

RECEIVED

### **Surface Owners**

| API#:                              | 1518900            | 02620000    | Lease Name: | LIGHT | CAP  |            | Well #:1   |  |  |  |
|------------------------------------|--------------------|-------------|-------------|-------|------|------------|------------|--|--|--|
|                                    |                    |             |             |       |      |            | . <u> </u> |  |  |  |
| Owner Name: GOURDIN, BILL & LOUISE |                    |             |             |       |      |            |            |  |  |  |
|                                    | Address:           | 1535 ROAD S |             |       |      |            |            |  |  |  |
|                                    | City:              | HUGOTON     | State:      | KS    | Zip: | 67951-5241 |            |  |  |  |
|                                    | er Name:           |             |             |       |      |            |            |  |  |  |
| 4                                  | Address:           | •           |             |       |      |            |            |  |  |  |
|                                    | City:              |             | State:      |       | Zip: |            |            |  |  |  |
|                                    |                    |             |             |       |      |            |            |  |  |  |
| Owne                               | er Name:           |             |             |       |      |            |            |  |  |  |
|                                    | \ddress:           |             |             |       |      |            |            |  |  |  |
|                                    | City:              |             | State:      |       | Zip: |            |            |  |  |  |
|                                    |                    |             |             |       |      |            |            |  |  |  |
|                                    |                    |             |             |       |      |            |            |  |  |  |
|                                    | r Name:<br>ddress: |             |             |       |      |            |            |  |  |  |
| ^                                  |                    |             |             |       |      |            |            |  |  |  |
|                                    | City:              |             | State:      |       | Zip: |            |            |  |  |  |
|                                    |                    |             |             |       |      |            |            |  |  |  |
|                                    | Name:<br>idress:   |             |             |       |      |            |            |  |  |  |
|                                    | City:              |             | State:      | ;     | Zip: |            |            |  |  |  |