KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Mann_SE.Fdf 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	tted 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.: 202763			
Gas Gathering System:	Lease Name: MANN			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	SE_Sec. 6 Twp. 33 R. 35W EXW Legal Description of Lease:			
☐ Enhanced Recovery Project Permit No.:	T033S - R035W: SEC 006 All			
Entire Project: Yes No				
Number of Injection Wells **	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE				
** Side Two Must Be Completed.	Production Zone(s): CHASE			
Side Two must be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section Leet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workove Drilling			
Past Operator's License No. 5208 🗸	Contact Person:LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358				
DOO MANAGERIA GENT A ATTORNEY IN EACT	Vale.			
Tino. RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Simpoture Andrew D. Asle			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u>			
	JUN 1 8 2013			
	Contact Person: BRENDA WALLER RECEIVED			
New Operator's License No. 32864	Contact Person: BRENDA WALLER RECEIVED			
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC.	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259			
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350	Contact Person: BRENDA WALLER RECEIVED Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES			
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Must Be Filed For All Wells

	^	Must Be	Filed For All Wells				
KDOR Lease No.: 202763 Lease Name: MANN			* Location: 6	* Location: 6 33 35WSE			
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)		
2	15189003290000 🗸	2310FSL	2310FEL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL		_		
	_	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	<u> </u>	FSL/FNL	FEL/FWL		<u> </u>		
		FSUFNL	FEUFWL				
		FSL/FNL	FEL/FWL		···		
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		FSL/FNL	FEL/FWL				
#Newsonseasons and company of the fact of the		FSL/FNL	FELFWL	on the boundary or not a knowledge out to 1977 to the state of the 1977 of of	2567 ■		
	_	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		<u></u>		
			FEL/FWL		KCC WICHITA		
			FEL/FWL		JUN 1 8 2013		
		EQL (ENI)	FC1 /Clair		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.

Select the corresponding form being filed:	C-1 (Intent) CB-1 (Cathodic Protection Boxehole In	itert) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #5208	Well Location:	
Name: EXXONMOBIL OIL CORPORATION	<u></u> <u></u>	Sec. 6 Twp.33 S. R. 35 Eas X West
Address 1: P. O. BOX 4358	County: Stevens	AMERICA LA PROPERTIE DE LA PRO
Address 2:	Lease Name: MANN	Well #: 2
City: HOUSTON State: TX 7i	p: 77210 + 4358 If filing a Form 7-1 for	multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease below: T033S - R035W: SEC	2 AGE AU
Phone: (713 431-) (F) Fax: (7	713 431-1475 T0333 - R035W: SEC	, 000 All
Email Address: adam.e.scott@exxonmobil.co	om	
Surface Owner Information:		
Name: See Attached		Linvolving multiple surface owners, attach an additional
Address 1:		information to the left for each surface owner. Surface to be found in the records of the register of deeds for the
Address 2:	المراجع والأفراد والمستور	estate property tax records of the county treasurer.
City: State: Zi	p:+	
Select one of the following: X I certify that, pursuant to the Kansas owner(s) of the land upon which the CP-1 that I am filing in connection wit form; and 3) my operator name, addr. I have not provided this information to KCC will be required to send this information to task, I acknowledge that I am being of the choosing the second option, submit payments.	s Surface Owner Notice Act (House Bill 2032), I subject well is or will be located: 1) a copy of the 6th this form; 2) if the form being filed is a Form Cress, phone number, fax, and email address. To the surface owner(s). I acknowledge that, because the surface owner(s). To mitigate the charged a \$30.00 handling fee, payable to the KCo	have provided the following to the surface Form C-1, Form CB-1, Form T-1, or Form 1 or Form CB-1, the plat(s) required by this use I have not provided this information, the additional cost of the KCC performing this C, which is enclosed with this form.
form and the associated Form C-1, Form CB I hereby certify that the statements made her	8-1. Form T-1, or Form CP-1 will be returned. rein are true and correct to the best of my knowled	lge and belief.
Date: 6/15/2013 Signature of Opera	stor or Agent:	Title: Regional Land Manager
API # :15189003290000	KDOR #202763	KCC WICHITA

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

JUN 18 2013

Surface Owners

API#:	1518900	3290000	Lease Name:	MANN			Well #: _2	_
Owr	ner Name:	MESSER, MARIE	FAM TR					
	Address:	1217 FM 407 W#	38					
	City:	ARGYLE	State:	TX	Zip:	76226-5723		
Owi	ner Name: Address:							
	City:		State:		Zip:			
Owi	ner Name: Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			
Own	er Name:							
	Address:							
	City:		State:		Zip:			

JUN 18 2013
RECEIVED