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:	IUST be submitted 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.: 202801
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	S Line
feet from 🔲 E / 🔲	
Enhanced Recovery Project Permit No.:	T034S - R037W: SEC 014 SW4, SE4, NE4, NW4
Entire Project: Yes No	
Number of Injection Wells **	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GRO	
** Side Two Must Be Completed.	Injection Zone(s):
	injouter zero(s).
Surface Pit Permit No.:	leet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)	feet from F / W Line of Section
Type of Pit: Emergency Burn Set	tling Haul-Off Workover OD Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORA	
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 KCC WICHITA
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Colc JUN 18 2013
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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	Dale: 05/31/2013
Title: _SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transf	er of injection authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansa	s 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 ackno	owledged as is acknowledged as
the new operator and may continue to inject fluids as au	ilhorized by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	
Date:	Date:
	Authorized Signature
DISTRICT EPR /O/24	
Mail to: Past Operator	New Operator District

Side Two

Must Be Filed For All Wells

KDOR Lease	e No.: 202801				
* Lease Name	MCCREERY		* Location: 14	1 34 37WC	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet i	n Section Line from South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15189005910000	2970FSL	2310FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL	***************************************	
	_	FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		<u> </u>
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		Market Control of the
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		EQL (ENI	EEL/EMI		

A separate sheet may be attached if necessary

_FSL/FNL _____FEL/FWL

_ FSL/FNL __

_ FSL/FNL _

_FSL/FNL _

_FSL/FNL _

FSL/FNL _

.FSL/FNL _

FSL/FNL

__ FEL/FWL _

___ FEL/FWL

____ FEL/FWL

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_____FEL/FWL

_____FEL/FWL

____FEL/FWL

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FSL/FNL FEL/FWL

FSL/FNL FEL/FWL

^{*} 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 (C	Cathodic Protection Bosehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 5208 Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358 Address 2: City: HOUSTON State: TX /ip: 77210 + 4358 Contact Person: ADAM SCOTT Phone: { 713 431 959 Fax: { 713 431-1475 Fax: { 714 4358 Fax: { 715 431-1475 Fax: { 715 431-1475 Fax: { 716 Fax: { 717 431-1475 Fax: { 717 431-	Well Location: C_Sec. 14 Twp.34 S. R. 37 Eas X West County: Stevens Lease Name: MCCREERY Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T034S - R037W: SEC 014 SW4, SE4, NE4, NW4		
Surface Owner Information:			
Name: See Attached Address 1:	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.		
Address 2: State: Zip:+			
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 6/15/2013 Signature of Operator or Agent: M. Michael	et McNulty Regional Land Manager Title:		

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

KDOR #202801

API#:15189005910000

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Surface Owners

API#:	15189005910000	Lease Name: _	MCCREERY	<u> </u>	Well #: _1
	ner Name: MOSTROM, V	IRGINIA C & OSCAF	R G REV TR 1	TEES	
	Address: PO BOX 309				
	City: HUGOTON	State:	KS Zip:	67951-0309	· · · · · · · · · · · · · · · · · · ·
Owi	ner Name:				
	Address:				
	City:	State:	Ziş):	
-	ner Name: Address:				
	City:	State:	Zip	:	
	er Name:				
	Address:				
	City:	State:	Zip	:	
	er Name: Address:				
	City:	State:	Zip	:	

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