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.: Gas Gathering System: Lease Name: MILLS Saltwater Disposal Well - Permit No.: ___feet from N/ SLine Legal Description of Lease: _____ feet from E / W Line T034S - R036W: SEC 001 NE4, NW4, SE4, SW4 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): ** Side Two Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: _ teet 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 Past Operator's License No. 5208 / **LAURIE KILBRIDE** Contact Person: RECEIVED KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: __713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: Andrew D. Pole CONSERVATION DIVISION WICHITA. KS New Operator's License No. . **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser ONEOK FIELD SERVICES RECEIVED KANSAS CORPORATION COMMISSION 05/31/2013 **OKLAHOMA CITY, OK 73102** Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ noted, approved and duty 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 _____ . Recommended action: permitted by No.: _ Authorized Signature DISTRICT _

New Operator

Mail to: Past Operator_

Must Be Filed For All Wells

Lease Name:	MILLS	Location: 1 34 36W:NE				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Mell Status	
1	15189005410000	2970FSL	2310FEL	GAS	ACTIVE	
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL	·		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		MAY 2 1 2013	
		FSL/FNL	FEL/FWL	The second secon	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 hay 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 Protector Royal Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (William Control Application).

Any such form submitted without an accompanying Form KSONA-1 will be retained.

OPERATOR: License #_ 5208		
Name: EXXONMOBIL OIL CORPORATION		tkin: NE_Sec.1Twp.34S. R.36Eas.X_West
Address 1:P. O. BOX 4358		A
Address 2:	•	revens me: MILLS Well #: 1
City: HOUSTON State: TX Zip: 772	4050	
Comment Comment ADAM SCOTT	the lever i	orm. L1 for moltiple wells on a lease, enter the legal description of below:
Phone: (713 431-1859 Fax: (713 431-1	475 T034S - R	R036W: SEC 001 NE4, NW4, SE4, SW4
Email Address: adam.e.scott@exxonmobil.com		
Surface Owner Information:		
Name: See Attached	When Black	j a Form 1.1 involving multiple surface owners, attach an additional
Address 1:	sheet listin	g all of the information to the left for each surface owner. Surface
Address 2:	owner infor	mation can be tound in the records of the register of deeds for the d in the real estate property tax records of the county treasurer.
Cay: State: Zip:		, , , , , , , , , , , , , , , , , , , ,
Select one of the following:	ay be emered on me to my c-	1 plat, Form CB-1 plat, or a separate plat may be submitted.
CP-1 that I am filing in connection with this form form; and 3) my operator name, address, phon I have not provided this information to the surfa-	ell is of will be located; 1) a con; 2) if the form being filed is a enumber, fax, and email addroce owner(s). I acknowledge the surface owner(s). To mit	nat, because I have not provided this information, the
If choosing the second option, submit payment of the \$ form and the associated Form C-1, Form CB-1, Form T	330.00 handling fee with this fo -1, or Form CP-1 will be return	orm. If the fee is not received with this form, the KSONA-1 ned.
hereby certify that the statements made herein are tru	e and correct to the best of my	y knowledge and belief
Date: 6/15/2013 Signature of Operator or Agent	M. Michael McNulty	Tille: Regional Land Manager
API # :15189005410000	KDOR #202774	RECEIVED RECEIVED KANSAS CORPORATION COMMISSION KANSAS CORPORATION COMMISSION

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichise หังการกับ เก็บราให้ WICHITA, KS MAY 2 22013

CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

Surface Owners

API#: 1518900541	0000 Lease I	Name: MILL	s						
Owner Name: MILLS, M DOUGLAS & RITA A TRS									
Address: 979 ROAD 22									
City: HUC	GOTON	State: KS	Zip:	67951-5105					
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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Well #: _1

CONSERVATION DIVISION WICHITA, KS