KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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:	use thu and aru.		
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013		
X Gas Lease: No. of Gas Wells 1	KS Dept of Revenue Lease No.: 202999		
Gas Gathering System:	Lease Name: NIX		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from C E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T033S - R035W: SEC 030 All		
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE Injection Zone(s):		
** Side Two Must Be Completed.			
Surface Pit Permit No.: (API No. If Drill Pit, WO or Hauli) Type of Pit: Emergency Bum Settling	leet from		
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	05/04/0040		
	Udito.		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole		
	KCC WICHITA		
New Operator's License No. 32864	Contact Person: BRENDA WALLER JUN 18 2013		
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		
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
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	Date		
Date:	Date:		
DISTRICT EPR / D / 14/13	PRODUCTION 10.15:13 UIC 10-15-13		
Mail to: Past Operator New Operato			

Side Two

Must Be Filed For All Wells

' Lease Name: NIX		Location: 30 33 35WSE				
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	
2		2540FSL	2540FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
	NORTH COLUMN TO THE COLUMN TO	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
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	Accounts to the second	FSL/FNL	FEL/FWL			
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		FSUFNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		KCC WICHITA	
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		FSL/FNL	FEL/FWL		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.

OPERATOR: License #5208		Well Location:			
Name: EXXONMOBIL OIL CORI	PORATION		E Sec. 30 Twp.33 S. R. 35 Eas X West		
Address 1: P. O. BOX 4358		County: Stevens			
Address 2:			Well #: 2		
City: HOUSTON State	e: <u>TX</u> /ip: <u>77210 +</u> + .		for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	entretten print – Annah tersten sellen blitten betyde op en tier bet entreprinterioren. Ver 11 st. 100 st. 110 s	TASS DASSW.	the lease below: T033S - R035W: SEC 030 All		
Phone: (713 431- 1879	Fax: (713 431-1475	10000 - 100000.	020 000 All		
Email Address: adam.e.scott@e	(xonmobil.com				
Surface Owner Information:					
Name: See Attached	e Attached When filling a Form T.1 involving multiple surface owners, attach an addition				
Address 1:	sheet listing all of the information to the left for ss 1:				
Address 2:	Commission of the Commission o	county, and in the	real estate property tax records of the county treasurer.		
City: State	e:+				
owner(s) of the land upo CP-1 that I am filing in co form; and 3) my operator I have not provided this in KCC will be required to s	n which the subject well is innection with this form; 2) name, address, phone nu information to the surface of send this information to the	s or will be located: 1) a copy of) if the form being filed is a Form imber, fax, and email address. owner(s). I acknowledge that, be e surface owner(s). To mitigate), I have provided the following to the surface the Form C-1, Form CB-1, Form T-1, or Form CB-1 or Form CB-1, the plat(s) required by this cause I have not provided this information, the the additional cost of the KCC performing this KCC, which is enclosed with this form.		
-	ubmit payment of the \$30. 1, Form CB-1, Form T-1, o	00 handling fee with this form. I or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1		
Date: 6/15/2013 Sign:		M. Michael McNulty	Tille: Regional Land Manager		
API # :15189003540000	•	OR #202999	KCC WICHITA		

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

JUN 18 2013

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Surface Owners

API#:	15189003540000	Lease Name: _	NIX			Well #: _2		
Owner Name: HATHAWAY, GARY R & SONJA J ETAL								
	Address: 218 N WILSON							
	City: ULYSSES	State:	KS	Zip:	67880			
	er Name:							
	Address:							
	City:	State:		Zip:				
Own	er Name:							
	Address:							
	City:	State:		7:				
		State.		Zip:				
Owne	er Name:							
•	Address:							
	City:	State:		Zip:				
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	City:	State:		Zip:				

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