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: MUST be submit	ited 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.: 203001		
Gas Gathering System:	Lease Name: NUSSER		
Saltwater 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.:	T027\$ - R037W: SEC 017 W2, E2		
Entire Project: Yes No			
Number of Injection Wells***	County: Grant		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	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 Workover OR Drilling		
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 RECEIVED KANSAS CORPORATION COMMISSION		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 LLIN 1 9 2012		
Title. RSO MANAGER/AGENT & ATTORNEY-IN-FACT	JUN 1 0 ZUI3		
Title: RSO MANAGERIAGENT & ATTORNET-IN-PACT	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS		
			
New Operator's License No. 32864 V	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 Q. Schultze		
Acknowledgment of Transfer: The above request for transfer of injection :	authorization, surface pit permit #has been		
	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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
10/2 / / 2	PRODUCTION CT 2 2 2013 UIC 10-22-13		
Mail to: Past Operator New Operator			

Side Two

Must Be Filed For All Wells

Lease Name	, NUSSER		* Location: 17 27 37W/NW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Footage Irom Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned		
A1	15067003280000 🗸			GAS	ACTIVE		
 	· .						
	-	FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL		KANS	AS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
***************************************		FSL/FNL			- ONSERVATION DIVISION WICHITA, KS		

A separate sheet may be attached if necessary

^{&#}x27;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:	Midil Location			
		NW Sec. 17 Twp.27 S. R. 37 Eas X West			
Address 1: P. O. BOX 4358		 _			
Address 2:	•	USSER Well #: A1			
City: HOUSTON State: 1	X Zip: 77210 + 4358 If filling a Form E	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease below:	the lease helow: T027S - R037W: SEC 017 W2, E2			
Phone: (713 431 859	ax: (713 431-1475	: SEC 017 W2, E2			
Email Address: adam.e.scott@exxor					
Surface Owner Information:					
Name: See Attached	When living a Foo	rm T-1 involving multiple surface owners, attach an additional			
Address 1:		of the information to the left for each surface owner. Surface on can be found in the records of the register of deeds for the			
Address 2:	county, and in the	e real estate property tax records of the county treasurer.			
City: State:	+				
owner(s) of the land upon with CP-1 that I am filing in connet form; and 3) my operator name. I have not provided this information of the land upon with the land up	Kansas Surface Owner Notice Act (House Bill 203. alch the subject well is or will be located: 1) a copy of ction with this form; 2) if the form being filed is a Form ne, address, phone number, fax, and email address. nation to the surface owner(s). I acknowledge that, but this information to the surface owner(s). To mitigate to being charged a \$30.00 handling fee, payable to the	of the Form C-1, Form CB-1, Form T-1, or Form m C-1 or Form CB-1, the plat(s) required by this pecause I have not provided this information, the ethe additional cost of the KCC performing this			
	it payment of the \$30.00 handling fee with this form. form CB-1, Form T-1, or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1			
I hereby certify that the statements m	ade herein are true and correct to the best of my kno	owledge and belief.			
Date: 6/15/2013 Signature	of Operator or Agent: M. Michael McNulty	Title: Regional Land Manager			
API # :15067003280000	KDOR #203001	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

Surface Owners

API#:	15067003280000	Lease Name: _	NUSSER	·	Well #: _A1 ,	_
	er Name: GAEDDERT, DO					
	Address: 4119 S HODGE	RD				
	City: ABBYVILLE	State:	KS Zip	: 67510		
Owr	ner Name:					
	Address:					
	City:	State:	Zi	p:		
	er Name: Address:					
	City:	State:	Zip):		
	er Name: Address:					
	City:	State:	Zip) :		
	er Name: Address:					
	City:	State:	Ziŗ) :		

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS