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 subn	nitted with this form.
Check Applicable Boxes: Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 203169 Lease Name: PIPER
Type of the Committee o	Haul-Off Workover Drilling
Past Operator's License No. 5208 Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT Acknowledgment of Transfer: The above request for transfer of injection	
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 above injection well(s) or pit permit.
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: Date:
DISTRICT EPR 10/28/13	PRODUCTION UCI 2 9 2013 UIC 10-29-13
Mail to: Past Operator New Operator	or District

Side Two

Must Be Filed For All Wells

Lease Name: PIPER				Location: 2 35 37W/NW		
Well No.	API No. (YR DRLD/PRE 67)	Footage from (i.e. FSL = Feet fo	Section Line rom South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned	
1	15189007230000	2\$40FSL	2 2 4 0 FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL		-	
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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ALLONS AND LANGUAGES		FSL/FNL	FEL/FWL	KANSAS	RECEIVED COMMISSION CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
kontanan estatokon ara a szan antan Arbeita		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WIGHTA, KS	
		FSL/FNL	FEL/FWL		With the same of t	
		FSL/FNL	FEL/FWL	KANSAS	RECEIVED CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		MAY 2 1 2013	
	P3************************************	FSL/FNL	FEL/FWL		ONSERVATION DIVISION	
		FSL/FNL	FEL/FWL		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 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.

Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358 Address 2: City: HOUSTON State: TX Zip: 77210 + 4358 Contact Person: ADAM SCOTT Phone: (713 431-1) Fax: (713 431-1475 Email Address: adam.e.scott@exxonmobil.com Surface Owner Information: Name: See Attached Address 1:	County: Stevens Lease Name: PIPER Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T0358 - R037W: SEC 002 SW4, NW4, NE4, SE4		
Address 2: City: HOUSTON State: TX Zip: 77210 ++ 4358 Contact Person: ADAM SCOTT Phone: (713 431-1550 Fax: (713 431-1475 Email Address: adam.e.scott@exxonmobil.com Surface Owner Information: Name: See Attached	Lease Name: <u>PIPER</u> Well #: <u>1</u> If filing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below:		
City: HOUSTON State: TX Zip: 77210 + 4358 Contact Person: ADAM SCOTT Phone: { 713	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: ADAM SCOTT Phone: (713 431-1254 Fax: (713 431-1475 Email Address: adam.e.scott@exxonmobil.com Surface Owner Information: Name: See Attached	the lease below:		
Email Address:adam.e.scott@exxonmobil.com Surface Owner Information: Name:See Attached	10355 - R037W: SEC 002 SW4, NW4, NE4, SE4		
Surface Owner Information: Name: See Attached			
Name: See Attached			
Address 1:	When filing a Form 1.1 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:			
City: State: Zip:+			
Select one of the following:			
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be k CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a	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		
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	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 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	RECEIVED Title: Regional Land Manager KANSAS CORPORATION COMMISSION		

CONSERVATION DIVISION

Mail to: KCC - Conservation Division, 130 S. Market - Room 20 7/10/4/1/166 Kansas 67202

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 151	89007230000	Lease Name: _	PIPER	Well #: _1
	me: MANLEY FAM TR			
C	City: PIEDMONT	State:	OK Zip: 73078-914	2
Owner Na Addr				
C	City:	State:	Zip:	
Owner Na Addr		State:	Zip:	
Owner Nai Addre		State:	Zip:	
Owner Nar Addre	ne:			
	ity:	State:	Zip:	RECEIVED KANSAS CORPORATION COMMISSION

CONSERVATION DIVISION WICHITA, KS

RECEIVED KANSAS CORPORATION COMMISSION

CONSERVATION DIVISION WICHITA, KS