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: MUST be subm	nitted with this form.			
Check Applicable Boxes: Oil Lease: No. of Oil Wells X Gas Lease: No. of Gas Wells Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed.	Effective Date of Transfer:			
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit; Emergency Bum Settling	feet from □ N / □ S Line of Sectionfeet from □ E / □ W Line of Section □ Haul-Off □ Workover O ← □ 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	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 Date: 05/31/2013 Signature: Andrew D. Cole RECEIVED			
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 a	Contact Person: BRENDA WALLER Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas Q. Schultze authorization, surface pit permit #			
noted, approved and duly recorded in the records of the Kansas Corporation (Commission records only and does not convey any ownership interest in the a	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:			
A A Line Communication of the	PRODUCTION 9.27.13 UIC 9-27-13			

Side Two

Must Be Filed For All Wells

* Lease Name:	REPUBLIC FEE		- Location: 14 32 38W N W					
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Foolage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned			
1		3960FSL	3960FEL	GAS	ACTIVE			
			FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSUFNL	FEUFWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL		_			
		FSL/FNL	FEL/FWL		_			
		FSL/FNL	FEL/FWL		_			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL _					
		FSL/FNL	FEL/FWL .					
Pilyreich e Medical Dischard Maniette (sp. etc.) et dem		FSL/FNL	FEUFWL .	ikka dan sahisalikilikiliki in maningadikilisi di kasi manina ya dikilakilikilisi sa insasisi.	well-miningstrade - and many anticipation - and a second dispersion and a seco			
		FSL/FNL	FEL/FWL _					
entent er klami – vikledern vorsten mar unsversten er næ	Tamer tamer construction of the state operation and the state of the s	FSL/FNL	FEL/FWL .	and the transportation of the second	TO STATE OF THE PROPERTY OF TH			
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL	K	CC WICHITA			
		- FSL/FNL .	FEL/FWL _		JUN 1 8 2013			
		- FSL/FNL	FEL/FWL _		RECEIVED			

A separate sheet may be attached if necessary

____FEL/FWL

__FSL/FNL __

^{*} 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	Mfoll 1.	ocation:
Name: EXXONMOBIL	DIL CORPORATION		
Address 1: P. O. BOX 4:	358		Stevens R. 30 E as Mest
Address 2:		-	Namo: REPUBLIC FEE Well #: 1
	State:	. 4250	a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SC	отт	the lea	se below:
Phone: { 713 /431-\05	A Fax: (713 431-147	75 T032S	- R038W: SEC 010 SE4 SEC 011 SE4 SEC 014 NE4,
Email Address: adam.e.s	scott@exxonmobil.com		
Surface Owner Informatio	n:		
Name: See Attache	d	When I	ling a Form 1.1 involving multiple surface owners, attach an additional
		sheet ti	illing all of the information to the left for each surface owner. Surface
Address 2:	and the state of t	county.	nformation can be tound in the records of the register of deeds for the and in the real estate property tax records of the county treasurer.
	State: Zip:		,
are preliminary non-bindir Select one of the following	y esimales. The locations may	se roads, tank batteries, t be entered on the Form	on botenide interny, you must supply the surface owners and oppelines, and electrical lines. The locations shown on the plat C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
CP-1 that I am filir	IN ABOTT WINCH LINE SUBJECT WEST	15 of Will be located; () a 2) if the form being filed i	Bill 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form 5 a Form C-1 or Form CB-1, the plat(s) required by this dress.
MOO MILLOR REQUIL	en in sein mis illiomistioli 10 f	ne surrace owner(s). To	that, because I have not provided this information, the mitigate the additional cost of the KCC performing this e to the KCC, which is enclosed with this form.
f choosing the second op orm and the associated F	tion, submit payment of the \$3 orm C-1, Form CB-1, Form T-1,	0.00 handling fee with thi or Form CP-1 will be ret	s form. If the fee is not received with this form, the KSONA-1 irned.
hereby certify that the sta	tements made herein are true a	and correct to the best of	my knowledge and belief.
late: 6/15/2013	. Signature of Operator or Agent: _	M. Michael McNulty	Title: Regional Land Manager
API # :1518900277000	D кг	OOR #203347	KCC WICHITA

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

RECEIVED

JUN 18 2013

Surface Owners

API#:	1518900	2770000	Lease Name: _	REPU	BLIC FI	EE	Well #: _1	
Own	er Name:	UNITED PENTEC	OSTAL CHURCH	INTER	OITAN	N AL		
	Address:	ss: Attn: BROLLIER, WOLF, KUHARIC PO BOX 998						
	City:	HUGOTON	State:	KS	Zip:	67951-0998		
Own	er Name:							
	Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			
	r Name: Address:							
	City:		State:		Zip:			
	r Name: .ddress:							
	City:		State:		Zip:			

KCC WICHITA
JUN 18 2013
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