KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

Check Applicable Boxes: MUST be submi	itted 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.: 202329		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:	Lease Name: ROLLY LIGHTY		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T027S - R036W: SEC 034 All		
Entire Project: Yes No			
Number of Injection Wells **	County: Grant		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.	Production Zone(s): CHASE		
Side Talo must be Completed.	Injection Zone(s):		
Surface Pit Permit No.:	leet from N / S Line of Section		
(API No. If Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover of Drilling		
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KANSAS CORPORATION COMMISSIO		
P. O. BOX 4358, HOUSTON, TX 77210-4358	05/04/0040		
TIND. RSO MANAGER/AGENT & ATTORNEY-IN-FACT			
Title: ROO MANAGER/AGENT & ATTORNET-IN-FACT	Signature: <u>Andrew D. Cole CONSERVATION DIVISION</u> WICHITA, KS		
New Operator's License No. 32864	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schuttre		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization and an alt population		
	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			
The state of the s	move alection weaks) or par 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:		
	44		
Mail to: Past Operator			

Side Two

Must Be Filed For All Wells

Lease Name: ROLLY LIGHTY			• Location: 34 27 36W S E				
Weti No. API No. (YR DRLD/PRE '67)		Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
1	15067002690000	2310FSL	2310FEL	GAS	ACTIVE		
***					_		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	- No.			
		FSL/FNL	FEL/FWL				
		FSLÆNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	***			
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		FSL/FNL	FEL/FWL		RECEIVED KANSAS CORPORATION COMMISSIO		
		FSL/FNL	FEL/FWL		- JUN 1 8 2013		
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS		
		FSL/FNL	FEL/FWL		And the state of the		

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 Loca			
	ION	SE_Sec.34 Twp.27 S. R.36 Eas(X)West		
Address 1: P. O. BOX 4358	•	Grant		
Address 2:	Lease Na	me: ROLLY LIGHTY Well #: 1		
City: HOUSTON State: TX	Zip:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT		the lease below: T027S - R036W: SEC 034 All		
Phone: (713 431-1859 Fax	c: (<u>713</u> 4 <u>31-1475</u>			
Email Address: <u>adam.e.scott@exxonm</u>	obil.com			
Surface Owner Information:				
Name: See Attached	When file	ng a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	owner inf	ing all of the information to the left for each surface owner. Surface formation can be found in the records of the register of deeds for the		
Address 2:		nd in the real estate property tax records of the county treasurer.		
City: State:	Zip:+			
are preliminary non-binding estimates.	The locations may be entered on the Form C	ipelines, and electrical lines. The locations shown on the plat 2-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
are preliminary non-binding estimates. Select one of the following: X certify that, pursuant to the K	The locations may be entered on the Form C Cansas Surface Owner Notice Act (House E th the subject well is or will be located: 1) a	C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Bill 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form		
are preliminary non-binding estimates. Select one of the following: X I certify that, pursuant to the Kowner(s) of the land upon which CP-1 that I am filling in connecti	The locations may be entered on the Form C Cansas Surface Owner Notice Act (House E th the subject well is or will be located: 1) a	C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Bill 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this		
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JUN 1 8 2013

Surface Owners

API#: 15067002690000	Lease Name: ROL	LY LIGHTY	Well #: 1
Owner Name: DEW FARMS IN Address: PO BOX 447	ic		
City: ULYSSES	State: KS	Zip: 67880	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS