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

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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.	itted with this form.
Oil Lease: No. of Oil Wells ** X Gas Lease: No. of Gas Wells ** Gas Gathering System: ** Saltwater Disposal Well - Permit No.:	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 207367 Lease Name: S B HILL
Spot Location:	
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from N / S Line of Section leet from E / W Line of Section Haul-Off Workover OR Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 Date: 05/31/2013 Signature: Andrew D. Cole
New Operator's License No. 32864 No.	Contact Person: BRENDA WALLER Phone: 405-319-3259 KANSAS CORPORATION COMMISSION Oil / Gas Purchaser: WGP-KHC LLC JUN 1 8 2013 Date: 05/31/2013 CONSERVATION DIVISION WICHITA, KS
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
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
Date: Authorized Signature / DISTRICT EPR /0/23//3 Mail to: Past Operator New Operator	PRODUCTION OCT 2 4 2013 UIC 10-24-13 Or District

Must Be Filed For All Wells

	2 D UILL		* Location: 23	27 37WSW		
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		l Well Status SW) (PROD/TA'D/Abandone	
2	15067202960000	1400FSL12	₩ 250F £ L	GAS	ACTIVE	
					_	
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		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			
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		FSL/FNL _	FEL/FWL	· · · · · · · · · · · · · · · · · · ·		
		FSL/FNL _	FEL/FWL	KANSAS	RECEIVED S CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION	

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.

Select the corresponding form being filed: C-1 dittenti C	B-1 (Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 5208	
Name: EXXONMOBIL OIL CORPORATION	Well Location:
Address 1: P. O. BOX 4358	Sw Sec. 23 Twp.27 S. R. 37 Eas X West
Address 2:	•
Cny: HOUSTON State: TX /ip: 77210 + 4358	
Contact Person: ADAM SCOTT	 If bling a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: { 713 431 859 Fax: { 713 431-1475	T027S - R037W: SEC 023 NE4, SE4, W2
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form T.1 involving multiple surface owners, attach an additional
Address 1:	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
City:	_
are preliminary non-binding estimates. The locations may be entered. Select one of the following:	tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, fa I have not provided this information to the surface owner(s) KCC will be required to send this information to the surface.	ce Act (House Bill 2032), I have provided the following to the surface be located: 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 ex, and email address. I acknowledge that, because I have not provided this information, the e-owner(s). To mitigate the additional cost of the KCC performing this filing fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form	lling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.
I hereby certify that the statements made herein are true and corre	ct to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent: m. m.	Title: Regional Land Manager
API # :15067202960000 KDOR #2073	RECEIVED KANSAS CORPORATION COMMISSION

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	150672029	960000	Lease Name: _	SBHI	LL		Well #: _2
Own	er Name: S	IEBERT, JAKE L	& CYNTHIA				
	Address: 10	073 E RD 5					
	City: ∪	LYSSES	State:	KS	Zip:	67880	
Own	er Name:						
	Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		
Owne	ər Name:						
,	Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS