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.

Charle Applicable Boyes: MUST be submitte	ed with this form.			
Check Applicable Boxes: Oil Lease: No. of Oil Wells* X Gas Lease: No. of Gas Wells*	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 220291			
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	Lease Name: STAMLER			
Number of Injection Wells** Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed.	County: Stevens Production Zone(s): CHASE Injection Zone(s):			
Surface Pit Permit No.:	leet from N / S Line of Section leet from E / W Line of Section 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	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 KANSAS CORPORATION COMMISSION Date: 05/31/2013 JUN 1 8 2013 Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS			
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	Contact Person: BRENDA WALLER Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duty 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			
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.:			
Date:	PRODUCTION OC 2 2 2013 UIC 10-22-13			

Side Torr

Must Be Filed For All Wells

Lease Name	9: STAMLER		Location: 38	32 38WSW	
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet fo		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
13 INF	15189218920000 🗸	1250FSL	1250FEL	GAS	ACTIVE
		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		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		
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	<u></u>	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED NSAS CORPORATION COMMISSIO
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	W-25-00-00-00-00-00-00-00-00-00-00-00-00-00	JUN 1 8 2013 CONSERVATION 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.

OPERATOR: License # 5208		Location:	
Name: EXXONMOBIL OIL CORPORATION	ON		νρ. <mark>32 S. R. 38 Ε</mark> as (X) West
Address 1: P. O. BOX 4358	Cou	nty: Stevens	
Address 2:	Lea	se Name: STAMLER	Well #: 13 INF
City: HOUSTON State: TX			on a lease, enter the legal description of
Contact Person: ADAM SCOTT	consumeration in the second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the se	lease below: 2S - R038W: SEC 031 E2 SEC	: 035 SW4
Phone: (713 /431-1850 Fax			
Email Address: adam.e.scott@exxonmo	bil.com		
Surface Owner Information:			
Name: See Attached	Win		diple surface owners, attach an additional
Address 1:			The left for each surface owner. Surface the records of the register of deeds for the
Address 2:			ty tax records of the county treasurer.
City: State:	Zip:+		
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name. I have not provided this information of the land the lan	nnsas Surface Owner Notice Act (Hou the subject well is or will be located; or with this form; 2) if the form being fil- address, phone number, fax, and ema ion to the surface owner(s). I acknowle s information to the surface owner(s). ing charged a \$30.00 handling fee, pa	 a copy of the Form C-1, I ed is a Form C-1 or Form Cl I address. dge that, because I have no To mitigate the additional co 	Form CB-1, Form T-1, or Form 3-1, the plat(s) required by this at provided this information, the cost of the KCC performing this
If choosing the second option, submit pa form and the associated Form C-1, Form	ayment of the \$30.00 handling fee with n CB-1. Form T-1, or Form CP-1 will be	this form. If the fee is not returned.	received with this form, the KSONA-1
I hereby certify that the statements made		•	1 7.
Date: 6/15/2013 Signature of C	Operator or Agent:	dtyTille:	Regional Land Manager
API # :15189218920000	KDOR #220291		RECEIVED KANSAS CORPORATION COMMISSION

2 CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

Surface Owners

API#:	1518921	8920000	Lease Name: _	STAML	_ER		Well #:	1–3 INF
Owner Name: BARNARD, JOHN T REV LIV TR TTEE ETAL								
	Address:	1307 MAPLE DR						
	City:	GROVE	State	ОК	Zip:	74344-2705		
Owi	ner Name: Address:							
	City:		State:		Zip:			
Owr	ner Name: Address:							
	City:		State:		Zip:			
Oswan	er Name:							
	Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS