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 submit	ted 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.: 220866			
Gas Gathering System:	Lease Name: THORPE			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from 🔲 E / 🔲 W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T027S - R037W: SEC 002 All			
Entire Project: Yes No				
Number of Injection Wells**	County: Grant			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	leet from N / S Line of Section			
(API No. II Drill Pit, WO or Haul)	leet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	08/94/9049			
	KANSAS CORPORATION COMMISSION			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u> JUN 1 8 2013			
New Operator's License No. 32864	Contact Person: BRENDA WALLER CONSERVATION DIVISION WICHITA, KS			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES			
OKLAHOMA CITY, OK 73102	Date: 05/31/2013			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been			
noted, approved and duly recorded in the records of the Kansas Corporation (Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the	above injection well(s) or pit 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:			
Authorized Signature /	Authorized Signature			
DISTRICT EPR / D / 22 // 3	PRODUCTION OCT 2 3 2013 uic 10-23-13			
Mail to: Past Operator New Operator	or District			

Side Two

Must Be Filed For All Wells

KDOR Lease Lease Name:	THORPE	* Location: 2 27 37W/ NW					
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned		
13 INF		487FNL	2474FWL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL	W. C.			
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL				
		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				
		FSL/FNL	FEL/FWL				
		FSL/FNL .	FEL/FWL				
	·	FSL/FNL	FEL/FWL	Management of the second secon	***************************************		

A separate sheet may be attached if necessary

FSL/FNL .

.FSL/FNL .

FSL/FNL

FSL/FNL

FSUFNL

. FSL/FNL

,FSL/FNL

_FSL/FNL

_ FEL/FWL

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FEL/FWL

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_ FEL/FWL

FELFWL

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CONSERVATION DIVISION WICHITA, KS

[&]quot;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.

	Well Location:			
Name: EXXONMOBIL OIL CORPORATION				
Address 1: P. O. BOX 4358	County: Grant			
Address 2:	Lease Name: THORPE Well #: 1-3 INF			
City: HOUSTON State: TX Zip: 77210 ++ 4358	It filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease below: T027S - R037W: SEC 002 All			
Phone: (713 431-1459 Fax: (713 431-1475				
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: State: Zip:+				
Select one of the following:				
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,				
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s).	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 and email address. acknowledge that, because I have not provided this information, the experience of the KCC performing this			
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	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 and email address. acknowledge that, because I have not provided this information, the wher (s). To mitigate the additional cost of the KCC performing this ig fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1			
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling the second option, submit payment of the \$30.00 handling.	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 and email address. acknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this is fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	1506721	3690001	Lease Name: _	THOR	PE	· · · · · · · · · · · · · · · · · · ·	Well #: _	1-3 INF
Own	ner Name:	GOODNIGHT, MA	ARTHA E LE					
	Address:	1200 W KINGMA	N					
	City:	LAKIN	State:	KS	Zip:	67860		
Owi	ner Name: Address:							
	City:		State:		Zip:			
	ner Name: Address:							
	City:		State:		Zip:			
	ier Name: Address:							
	City:		State:		Zip:			
	ier Name: Address:							
	City:		State:		Zip:			

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