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 Compilance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes: MUST be submit	thed with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013
X Gas Lease: No. of Gas Welts	KS Dept of Revenue Lease No.: 220603
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 005 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)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover() P Drilling
Past Operator's License No. 5208	RECEIVED CONTACT Person: LAURIE KILBRIDE KANSAS CORPORATION COMMISSION
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 It IAI 1 9 2012
P. O. BOX 4358, HOUSTON, TX 77210-4358	JUN 1 0 2013
	CONSERVATION DIVISION
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole WICHIA, KS
New Operator's License No32864	Contact Person: BRENDA WALLER
	Phone: 405-319-3259
New Operator's Name & Address: XTO ENERGY INC.	Oil / Gas Purchaser: ONEOK FIELD SERVICES
210 PARK AVENUE, SUITE 2350	
OKLAHOMA CITY, OK 73102	Oale: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
**	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:	Date:
DISTRICT EPR 10/22/13	PRODUCTION OCT 2 3 2013 UIC 10-23-13
Meli to: Past Operator New Opera	

Side Two

Must Be Filed For All Wells

* Lease Name: THORPE		* Location: 5 27 37WN と				
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
C1-4 INF	15067213560000	1250FNL	2660FEL	GAS	ACTIVE	
-		- Hantster -				
		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			
		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		Managed Committee Committe		
		FSL/FNL				
		FSL/FNL		44 4 444	RECEIVED	
		FSUFNL	FEL/FWL	KANSAS C	CORPORATION COMMISSION	
 		FSL/FNL	FEL/FWL	`	JUN 1 8 2013	
		FSL/FNL	FEL/FWL	<u> </u>	DNSERVATION DIVISION WICHITA, KS	
		FSL/FNL	FEL/FWL			

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 Location:			
Name: EXXONMOBIL OIL CORPORAT	ION	ME Sec. 5 Twp.27 S. R. 37 Eas X West		
Address 1: P. O. BOX 4358	County: Grant			
Address 2:	Lease Name: J	THORPE Well #: C1-4 INF		
City: HOUSTON State: TX	Zip: 77210 + 4358 If filing a Form	7.1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	TAGE DASTI	the lease below: T027S - R037W: SEC 005 All		
Phone: (713 431- 1859 Fax	4: (<u>713 431-1475</u>	4: SEC 005 All		
Email Address: adam.e.scott@exxonm	obli.com			
Surface Owner Information:				
Name: See Attached	When filing a Fo	orm T.1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all owner informati	of the information to the left for each surface owner. Surface ion can be found in the records of the register of deeds for the		
Address 2:	county, and in the	he real estate property tax records of the county treasurer.		
City: State:	Zip:+			
Select one of the following:	ansas Surface Owner Notice Act (House Bill 20) th the subject well is or will be located: 1) a copy	32), I have provided the following to the surface		
CP-1 that I am filing in connecti	in the subject well is of will be located. 1) a copy ion with this form; 2) if the form being filed is a For , address, phone number, fax, and email address.	rm C-1 or Form CB-1, the plat(s) required by this		
KCC will be required to send the	ation to the surface owner(s). I acknowledge that, his information to the surface owner(s). To mitigate eing charged a \$30.00 handling fee, payable to th	te the additional cost of the KCC performing this		
If choosing the second option, submit plant and the associated Form C-1, For	payment of the \$30.00 handling fee with this form m CB-1, Form T-1, or Form CP-1 will be returned.	. If the fee is not received with this form, the KSONA-1		
I hereby certify that the statements made	de herein are true and correct to the best of my kr	nowledge and belief.		
Date: 6/15/2013 Signature of	Operator or Agent:	Title: Regional Land Manager		
		RECEIVED		

JUN 1 8 2013

Surface Owners

.

API#: 1506721	3560000	Lease Name: _	THORPE		Well #:C14 INF
Owner Name:	SYRACUSE DAIR	YLLC			
Address:	751 SE CR 36				
City:	SYRACUSE	State:	KS Zip:	67878	
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