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,
MUST be submitted with this form

Check Applicable Boxes: MUST be subm	nitted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 202564 Lease Name: WILLIAM MAST SE Sec. 35 Twp. 31 R. 36W EXW
Spot Location:feet from N / S Linefeet from E / W Linefeet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No No No No	Legal Description of Lease: T031S - R036W: SEC 035 NW4, NE4, SW4, SE4 County: Stevens Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burp- Settling	Leet from N / S Line of Section Leet from E / W Line of Section Haul-Off Workover R Drilling Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 Date: 05/31/2013 Signature: Audnew D. Cole
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 KCC WICHITA Phone: 405-319-3259 Oil / Gas Purchaser: WGP-KHC LLC Date: 05/31/2013 Signature: Douglas C. Schultze
	authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit.
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: Authorized Signature / DISTRICT EPR 10/24//3 F Mail to: Past Operator New Operator	PRODUCTIONUICUICUICUICUICUICUIC
Test operation	or District

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

Side Two

Must Be Filed For All Walls

Value Valu	
Location: 35.3136 W SE	
(YR DRLD/PRE '57)	
	Well Status (PROD/TA'D/Abandone
	ACTIVE
FSL/FNL FEL/FWL FEL/FWL FEL/FWL FEL/FWL FEL/FWL FEL/FWL FEL/FWL FEL/FWL	
FSL/FNLFEL/FWL	
	-
FSUFNLFEUFWL	
FSL/FNL FEL/FWL	
FSUFNL FEUFWL	
FSL/FNLFEL/FWL	
FSUFNL FEL/FWL	
FSUFNL FEUFWL	
FSL/FNL FEL/FWL	W. Commission of the Commissio
FSL/FNL FEL/FWL	-
FSL/FNL FRANCISCO CONTRACTOR CONT	
FSL/FNLFEL/FWL	
FSL/FNL FEL/FWL	K CC WICHITA
FSL/FNL FEL/FWL	

____FSL/FNL __

___fsufnl _____feufwl _

__ 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 CORPORATION		
Address 1: P. O. BOX 4358	County: Stevens	
Address 2:	Lease Namo: WILLIAM MAST Well #: 1	
ny: HOUSTON State: TX Zip: 77210 + 4358	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of	
Contact Person: ADAM SCOTT	the lease below:	
Phone: (713 431-1850 Fax: (713 431-1475	T031S - R036W: SEC 035 NW4, NE4, SW4, SE4	
Email Address: adam.e.scott@exxonmobil.com	_	
Surface Owner Information:		
Name: See Attached		
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.	
Слу: State: Zip:+	_	
Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice	d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e Act (House Bill 2032), I have provided the following to the surface	
owner(s) of the land upon which the subject well is or will b	e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form mobiling filed is a Form C-1 or Form CB-1, the plat(s) required by this	
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.	
If choosing the second option, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.	
hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.	
Date: 6/15/2013 Signature of Operator or Agent: M. Mic	had Millulty Regional Land Manager	
API # :15189002260000 KDOR #20256		

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

JUN 18 2013

RECEIVED

Surface Owners

API#: 15189002260000	Lease Name: _	WILLIAM MAST	Well #: <u>1</u>
Owner Name: MAY, SHIRLEY (Address: 2339 MAYS RD City: MOSCOW	G TR TTEE State:	VS Time G7050 F055	
C.,	State:	KS Zip: 67952-5255	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

KCC WICHITA
JUN 18 2013
RECEIVED