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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: Oil Lease: No. of Oil Wells 7/1/2013 Effective Date of Transfer: Gas Lease: No. of Gas Wells 208505 KS Dept of Revenue Lease No.: _ Gas Gathering System: Lease Name: WILLIAMS Saltwater Disposal Well - Permit No.: ... \$\frac{\sigma}{2}\in \text{Sec.} \frac{31}{2} \text{Twp.} \frac{27}{2} \text{R.} \frac{37W}{2} \text{\$\text{\$\text{E}\$} \text{\$\ext{\$\exitin{\ext{\$\text{\$\exitin{\ext{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex} _ feet from N / S Line Legal Description of Lease: __ feet from 🔲 E / 🦳 W Line T027S - R037W: SEC 031 E2 NW4, E2 SW4, SE4, NE4 (NWNW) Enhanced Recovery Project Permit No.: _ (SWNW) (NWSW) (SWSW) Entire Project: Yes No Number of Injection Wells. County: Grant Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): **COUNCIL GROVE** " Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: feet 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 Bum Settling Haul-Off Workover OR Dritting Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: __ Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 Date: DECEIVED KANSAS CORPORATION COMMISSION **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: __Andrew D. Cole New Operator's License No. 32864 **BRENDA WALLER** Contact Person: . CONSERVATION DIVISION WICHITA, KS New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES OKLAHOMA CITY, OK 73102 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection 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.: permitted by No.: ___ Date: Authorized Signature **Authorized Signature** DISTRICT uic 10.25-13

District

New Operator

Mail to: Past Operator

Side Two

Must Be Flied For All Wells

Lease Name: WILLIAMS			Location: 31	i di di	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Section Line rom South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
45	15067202080000	/237 4000FSL	26 467 EL	GAS	ACTIVE
				-	
	with the second	FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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		
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		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL	-	RECEIVED
		FSL/FNIL	FEL/FWL	KANSA	S CORPORATION COMMISSION
		FSL/FNL	FEL/FWL	Promition and the control of the con	JUN 1 8 2013
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION 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	_ Well Location:					
Name: EXXONMOBIL OIL CORPORATION						
Address 1: P. O. BOX 4358	_ County: Grant					
Address 2:	Lease Name: WILLIAMS Well #: 4-5					
City: HOUSTON State: TX Zip: 77210 + 4358	— If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:					
Contact Person: ADAM SCOTT Phone: (713 431-1 854 Fax: (713 431-1475	T0278 - R037W: SEC 031 E2 NW4, E2 SW4, SE4, NE4					
	- (NWNW) (SWNW) (NWSW) (SWSW)					
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:						
City: State: Zip:+	_					
Select one of the following:	d 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 be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.					
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 handliform 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.					
I 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:	thad McNulty Title: Regional Land Manager					
API # :15067202080000 KDOR #20850	RECEIVED KANSAS CORPORATION COMMISSION					

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

JUN 1 8 2013

Surface Owners

AP#:	1506720	2080000	_ Lease Name: _	WILLI	AMS			Well #: _	45	TOTAL
Own	er Name:	WILLIAMS, DO	NALD K & MARY H	ELEN						
	Address:	1025 W NEBRA	ASKA AVE							
	City:	ULYSSES	State:	KS	Zip:	67880				
Owi	ner Name: Address:									
	City:		State:		Zip:	ı				
	ner Name: Address:									
	City:		State:		Zip:					
	er Name: Address:									
	City:		State:		Zip:		ı			
	er Name: Address:									
	City:		State:		Zip:					

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS