KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 March 2010 Form must be Typed Form must be Signed All blanks must be Signed

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	itted with this form.		
Oll Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 208383 Lease Name: ALBERT		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from N / S Line of Sectionleet from E / W Line of Section Haul-Off Workover P Drilling		
Past Operator's License No5208 ✓	Contact Person: LAURIE KILBRIDE RECEIVED		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	KANSAS CORPORATION COMMISSI Phone: 713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	11IN 1 8 2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS		
New Operator's License No. 32864	Contact Person: BRENDA WALLER		
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 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	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:	Date:		
	PRODUCTION NOV 0 8 2013 UIC 11-8-13 District		

Must Be Filed For All Wells

Lease Name:	ALBERT		Location: 11	1 33 37WSW	The same of the sa
Well No.	API No. (YR DRLD/PRE 67)	Footage from (i.e. FSL = Feet fo	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned
12	15189203940000 √	1250FSL	1250FEL	GAS	ACTIVE
		FSL/FNL			

		FSL/FNL	FEVFWL		
		FSL/FNL	FEL/FWL		-
	***	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEUFWL	~	
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
******		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
Marie Control of the		FSL/FNL	FEL/FWL		the state of the s
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL	to the state of th	M SAME
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KANSA	RECEIVED S CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		JUN 1 8 2013

A separate sheet may be attached if necessary

__ FEL/FWL _

__FSL/FNL _____

CONSERVATION DIVISION WICHITA, KS

^{*} 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	ON		wp.33 S. R. 37 Eas X West		
Address 1: P. O. BOX 4358	The entire of an analysis of the entire of t				
Address 2:		•	Well #: 1-2		
Cary: 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	anthri 1840 (1864) (1864), Arthri or a 1984, so 1880 (1864) (1864) (1864) (1864), Arthri or Arthridon (1864) (1864)	the lease below:			
Phone: (713 431- 1859 Fax:	713 431-1475	T033S - R037W: SEC 011 S2 SE	C 012 S2		
Email Address: <u>adam.e.scott@exxonmo</u>	bil.com				
Surface Owner Information:					
Name: See Attached	ne: See Attached When filing a Form T-1 involving multiple surface owners				
Address 1:			the left for each surface owner. Surface erecords of the register of deeds for the		
Address 2:	en and transfer comments and entire from the comments of the c		erty tax records of the county treasurer.		
City: State:	Zip:+				
Select one of the following: X I certify that, pursuant to the Ka	nsas Surface Owner Notice Act	(House Bill 2032), I have provid	led the following to the surface		
owner(s) of the land upon which CP-1 that I am filing in connectio form; and 3) my operator name,	the subject well is or will be loca n with this form; 2) if the form bei	ated: 1) a copy of the Form C-1, ing filed is a Form C-1 or Form C	Form CB-1, Form T-1, or Form		
I have not provided this informati KCC will be required to send this task, I acknowledge that I am be	s information to the surface own	er(s). To mitigate the additional c	ost of the KCC performing this		
If choosing the second option, submit pa form and the associated Form C-1, Form	nyment of the \$30.00 handling fe CB-1, Form T-1, or Form CP-1 (e with this form. If the fee is not will be returned.	received with this form, the KSONA-1		
I hereby certify that the statements made	herein are true and correct to the	e best of my knowledge and beli	ef.		
Date: 6/15/2013 Signature of O	perator or Agent:	MCNulty Tille	Regional Land Manager		
API # :15189203940000	KDOR #208383		RECEIVED KANSAS CORPORATION COMMISSION		

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

City:

API#: 15189203940000 Lease Name: ALBERT Owner Name: PEACHEY, PAM ETAL Address: 1601 S MONROE City: HUGOTON State: KS **Zip:** 67951 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: Owner Name: Address:

State:

Zip:

RECEIVED KANSAS CORPORATION COMMISSION

Well #: 1-2

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS