KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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:	mitted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: N/A ZZOZI5			
Gas Gathering System:	Lease Name: BROWNELL			
Saftwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	Legal Description of Lease:			
feet from LE / LW Line	1 -			
Enhanced Recovery Project Permit No.:	T032S - R035W: SEC 006 E2 SW4, SE4, S2 NE4, SE4 NW4 (NENE) (NWNE) (NENW) (NWNW) (SWNW) (NWSW) (SWSW)			
Entire Project: Yes No				
Number of Injection Wells **	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	leet from N / S Line of Section			
(re i i i i i i i i i i i i i i i i i i i	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover pp Drilling			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED			
Past Operator's Name & Address: EXXONMOBIL Oil CORPORATION	Phone: _713-431-1182 KANSAS CORPORATION COMMISSION			
P. O. BOX 4358, HOUSTON, TX 77210-4358	05/24/2042 ILIN 1 8 2012			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	. Signature: <u>Andrew D. Colc</u> CONSERVATION DIVISION WICHITA, KS			
New Operator's License No32864 /	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			
	05/04/0040			
OKLAHOMA CITY, OK 73102	Vaic.			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas A. Schultze</u>			
Acknowledgment of Transfer: The above request for transfer of injection	on authorization, surface pit permit # has been			
	on Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
	· · · · · · · · · · · · · · · · · · ·			
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:				
. Havailleinaa autori.	portunida by race			
Date:	Date:			
Authorized Signature /	Authorized Signature			
DISTRICT EPR EPR	PRODUCTION NOV 0 8 2015. UIC 1-8-13			
Mail to: Past Operator New Oper				

Side Two

Must Be Filed For All Wells

* Lease Name:	BROWNELL	* Location: 6 32 35WAW					
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oi/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
1-3	15189210960000	4021FSL	3904FEL	GAS	ACTIVE		
-		FSL/FNL	FEL/FWL				
			FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	ura.	FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	- Translation - C			
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
			FEL/FWL				
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		FSL/FNL	FEL/FWL	Control of the Contro			
			FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		- RECEIVED		
		FSL/FNL	FEL/FWL	KAN	ISAS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		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 Lo	cation:			
Name: EXXONMOBIL OIL CORPORAT		NW Sec. 6 Twp.32 S. R. 35 Eas X West			
Address 1: P. O. BOX 4358		Stevens			
Address 2:	Lease I	Lease Name; BROWNELL Well #: 1-3 If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
City: HOUSTON State: TX	Zip: 77210 ++ 4358 If filing				
Contact Person: ADAM SCOTT	TAAA	se below:			
Phone: (713 431- 1850 Fax		- R035W: SEC 006 E2 SW4, SE4, S2 NE4, SE4 NW4) (NWNE) (NENW) (NWNW) (SWNW) (NWSW) (SWSW)			
Email Address: <u>adam.e.scott@exxonme</u>		,, ,, , , , , , , , , , ,			
Surface Owner Information:					
Name: See Attached		ling 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:		and in the real estate property tax records of the county treasurer.			
City: State:	Z(p:+				
Select one of the following:	anaga Curfaga Cuman Mallag Ast Historia				
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name,	n the subject well is or will be located: 1) a on with this form; 2) if the form being filed i address, phone number, fax, and email ad				
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, I have not provided this informat KCC will be required to send the	n the subject well is or will be located: 1) a on with this form; 2) if the form being filed it address, phone number, fax, and email action to the surface owner(s). It acknowledgots is information to the surface owner(s). To	a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this			
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, I have not provided this informat KCC will be required to send the task, I acknowledge that I am be all the choosing the second option, submit p	In the subject well is or will be located: 1) a on with this form; 2) if the form being filed in address, phone number, fax, and email action to the surface owner(s). If acknowledgonis information to the surface owner(s). To being charged a \$30.00 handling fee, payab	a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this iddress. The that, because I have not provided this information, the mitigate the additional cost of the KCC performing this le to the KCC, which is enclosed with this form. The form is form if the fee is not received with this form, the KSONA-1.			
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name. I have not provided this informat KCC will be required to send the task, I acknowledge that I am be a lift choosing the second option, submit property and the associated Form C-1, Form	In the subject well is or will be located: 1) a on with this form; 2) if the form being filed in address, phone number, fax, and email action to the surface owner(s). If acknowledgrish information to the surface owner(s). To being charged a \$30.00 handling fee, payable ayment of the \$30.00 handling fee with the	a copy of the Form C-1, Form CB-1, Form T-1, or Form is a Form C-1 or Form CB-1, the plat(s) required by this ddress. The that, because I have not provided this information, the mitigate the additional cost of the KCC performing this le to the KCC, which is enclosed with this form. The form, If the fee is not received with this form, the KSONA-1 turned.			
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JUN 1 8 2013

Surface Owners

- , .

API#:	1518921	10960000	Lease Name: _	BROWN	ELL		Well #: <u>1-3</u>	
Own	er Name:	DOWNING , CO	LEMAN E & CARO	LL TRS,				
	Address:	% DOWNING FA 3805 BUTTERFI						
	City:	HAYS	State:	KS Z	Zip:	67601-9795		
	ner Name:							
	Address:	1						
	City:		State:		Zip:			
Own	er Name:							
	Address:							
	City:		State:	;	Zip:			
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_							÷	
	er Name: Address:							
	City:		State:	,	Zip:			
	., .			•	rib.			
	er Name: Address:							
	City:		State:	7	Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS