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 WINDICADE ROSE:	ICINO WITH THE TOTAL
Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells Gas Gathering System: Saltwater Disposal Well - Permit No.: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No	Effective Date of Transfer: KS Dept of Revenue Lease No.: 208229 Lease Name: COULTER
Number of Injection Wells	County: Stevens Production Zone(s): COUNCIL GROVE Injection Zone(s):
Surface Pit Permit No.:(API No. If Drill Pit, IWO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Sectionfeet from E / W Line of Section Haul-Off Workover O L Driffing
Past Operator's License No	Contact Person: LAURIE KILBRIDE RECEIVED Phone: 713-431-1182 KANSAS CORPORATION COMMISSION Date: 05/31/2013 JUN 1 8 2013 Signature: Andrew D. Cole CONSERVATION DIVISION WICHTIA, KS
New Operator's License No. 32884 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 Phone: 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013 Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly 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 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.:
District EPR//	PRODUCTION NOV 0 4 2013 UIC 11-4-3 District

Must Be Filed For All Wells

Lease Name	COULTER		* Location: 22 33 38W: NE			
Well No.	API No. (YR DRLD/PRE 67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	(Well Status bandoned)	
12	15189202260000 /	3960FSL	1320FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL				
		FSL/FNL	FELFWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL	***************************************		
			FEL/FWL			
			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		West, and the second se	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	and the second s		
		FSL/FNL	FEL/FWL		WAS MARKET TO THE TOTAL CONTRACTOR OF THE TOTAL CONTRA	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL	FEL/FWL		(ANSAS CORPORATION COMMISS	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	

_FSL/FNL ______FEL/FWL _

CONSERVATION DIVISION

WICHTA, KE

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 T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugation 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			
Address 2:			
City: HOUSTON State: TX Zip: 77210 + 4358 Contact Person: ADAM SCOTT	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T033S - R038W: SEC 022 All		
Phone: (713 431-1850 Fax: (713 431-1475			
Email Address: adam.e.scott@exxonmobil.com			
Surface Owner Information:			
Name: See Attached	When filing 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:			
City: State: Zip:+			
Select one of the following:	ered 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 wi	otice Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.		
KCC will be required to send this information to the surfa	(s). I acknowledge that, because I have not provided this information, the acce owner(s). To mitigate the additional cost of the KCC performing this and ingling fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 had form and the associated Form C-1, Form CB-1, Form T-1, or For	ndling fee with this form. If the fee is not received with this form, the KSONA-1 m CP-1 will be returned.		
I hereby certify that the statements made herein are true and con	rect to the best of my knowledge and belief.		
Date: 6/15/2013 Signature of Operator or Agent: 20. 1	Michael McNulty Title: Regional Land Manager		
API # :15189202260000 KDOR #20	D8229 RECEIVED KANSAS CORPORATION COMMISSION		

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

JUN 1 8 2013

Surface Owners

Address:

City:

AP#: 15189202260000 Lease Name: COULTER Owner Name: DAVIS, STEVEN R & GLENDA L Address: 971 ROAD P **City: HUGOTON** State: KS **Zip:** 67951-5200 Owner Name: Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:**

State:

Zip:



Well #: _1-2

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS