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:	7/1/2013			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:			
X Gas Lease: No. of Gas Wells***	KS Dept of Revenue Lease No.: 207303 V			
Gas Gathering System:	Lease Name: DORIS ANDERSON			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	Legal Description of Lease:			
feet from E / W Line	T031S - R036W: SEC 023 NW4, NE4, SE4, SW4 Metes & Bound: Other Legal:			
Enhanced Recovery Project Permit No.:	T31S, R36W, SEC: 23, SW1/4 157.50 acres: SW L&E 2.5 AC LYING IN SE/C, S & E OF DC&CV RR ROW-3005819-001-002 2.50 acres: SW - THAT PART LYING S &			
Entire Project: Yes No	E OF DC&CV RR ROW - 3006819-003 T31S			
Number of Injection Wells***	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE			
** Siço Two Must Be Completed	Injection Zone(s):			
Surface Pit Permit No.:	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Of Drilling			
Past Operator's License No. 5208 /	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	A.F.(A.4)A.A.A.			
	Vale.			
itie: RSO MANAGER/AGENT & ATTORNEY-IN-FACT Signature: Andrew D. Cole				
	REGENTED			
New Operator's License No. 32864	Contact Person: BRENDA WALLER KANSAS CORPORATION COMMISSION			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 JUN 1 8 2013			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC CONSERVATION DIVISION			
	WICHITA, KS			
OKLAHOMA CITY, OK 73102	Vale.			
Title: SR. OPERATIONS VICE PRESIDENT	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	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:	permitted by No.:			
Date:	Date:			
11/4/12	NOV 0.5 703 11-5-12			
DISTRICT EPR New Operator	PRODUCTION			
THE PLANT OF LAND OF THE PARTY				

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

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Must Be Filed For All Wells

' Lease Name:	DORIS ANDERSON		Location: 23 31 36W/VW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
2	15189204450001	1250FNL	1385FWL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	****		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	KAN	RECEIVED BAS CORPORATION COMMISSION	
	-	FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEL/FWL	***************************************	CONSERVATION DIVISION	
		FSL/FNL	FEL/FWL		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 CORPORATI	on	ec. 23 Twp.31 S. R. 36 Eas X West		
Address 1: P. O. BOX 4358	County: Stevens	·		
Address 2:	Lease Name: DORIS A	Lease Name: DORIS ANDERSON Well #: 2 If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
City: HOUSTON State: TX				
Contact Person: ADAM SCOTT	the lease below:	023 NW4, NE4, SE4, SW4 Metes &		
Phone: (713 431- 1859 Fax	: (713 431-1475 Bound: Other Legal: T	731S, R36W, SEC: 23, SW1/4 157.50		
Email Address: <u>adam.e.scott@</u> exxonmo	ROW- 3005819-001-00	: LYING IN SE/C, S & E OF DC&CV RR 2		
Surface Owner Information:				
Name: See Attached	When filing a Form T-1 i	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all of the in owner information can b	nformation to the left for each surface owner. Surface be found in the records of the register of deeds for the		
Address 2:		state property tax records of the county treasurer.		
City: State:	++			
Select one of the following:	ansas Surface Owner Notice Act (House Bill 2032), I ha	ave provided the following to the surface		
owner(s) of the land upon which CP-1 that I am filing in connection	the subject well is or will be located: 1) a copy of the fon with this form: 2) if the form being filed is a Form C-10 address, phone number, fax, and email address.	Form C-1, Form CB-1, Form T-1, or Form		
KCC will be required to send th	tion to the surface owner(s). I acknowledge that, because is information to the surface owner(s). To mitigate the a eing charged a \$30.00 handling fee, payable to the KCC,	dditional cost of the KCC performing this		
If choosing the second option, submit p form and the associated Form C-1, For	ayment of the \$30.00 handling fee with this form. If the m CB-1, Form T-1, or Form CP-1 will be returned.	fee is not received with this form, the KSONA-1		
l hereby certify that the statements mad	e herein are true and correct to the best of my knowledg	e and belief.		
Date: 6/15/2013 Signature of 0	Operator or Agent:	Title: Regional Land Manager		
API # :15189204450001	KDOR #207303	RECEIVED KANSAS CORPORATION COMMISSIO		

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

AP#: 15189204450001 Lease Name: DORIS ANDERSON Well #: 2 Owner Name: HILL, JOLEEN JOY LE Address: 2909 AMHERST AVE City: MANHATTAN State: KS Zip: 66503-3084 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS