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 220292 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: GREGG Saltwater Disposal Well - Permit No.: ... SE Sec. 14 Twp. 34 R. 36W TEXIW Legal Description of Lease: T034S - R036W: SEC 014 SE4, NE4, N2 NW4, S2 NW4, SW4 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No **Number of Injection Wells** County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):___ ** Side Two Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: _ leet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Past Operator's License No. 5208 RECEIVED LAURIE KILBRIDE KANSAS CORPORATION COMMISSION 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: _ CONSERVATION DIVISION **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: Andrew D. Cole WICHITA. KS 32864 **BRENDA WALLER** New Operator's License No. -Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES 05/31/2013 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ 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** NOV U 8 ZDE DISTRICT -**PRODUCTION**

New Operator

Mail to: Past Operator,

Side Two

Must Be Filed For All Wells

Lease Name	: GREGG	* Location: 14 34 36W SE						
Well No.	API No. (YR DRLD/PRE '57)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned ACTIVE			
1-2 INF		1650FSL	330FEL	GAS				
		FSL/FNL	FEUFWL					
		FSL/FNL	FEL/FWL	- NA NASA				
	_	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					
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	-	FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL	KANSAS CO	RECEIVED DRPORATION COMMISSION			
	· ·	FSL/FNL	FEL/FWL		UN 1 8 2013			
		FSL/FNL	FEL/FWL	COI	NSERVATION 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	M. I					
OPERATOR: Ucerbe #	TION Well Location	n: <u>\$ESec.14Twp.34SR.36</u> Eas [X] West				
Address 1: P. O. BOX 4358						
Address 2:		: GREGG Well #; 1-2 INF				
City: HOUSTON State: TO	4					
Contact Person: ADAM SCOTT		If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:				
Phone: (713 431- 1859 Fa	713 431-1475 T034S - R03	86W: SEC 014 SE4, NE4, N2 NW4, S2 NW4, SW4				
Email Address: adam.e.scott@exxonn	•					
Surface Owner Information:						
Name: See Attached	When filing a	Form T-1 involving multiple surface owners, attach an additiona.				
Address 1:	sheet listing	all of the information to the left for each surface owner. Surface ation can be found in the records of the register of deeds for the				
Address 2:		n the real estate property tax records of the county treasurer.				
City: State:	Zip:+					
owner(s) of the land upon which	ch the subject well is or will be located: 1) a cop	2032), I have provided the following to the surface by of the Form C-1, Form CB-1, Form T-1, or Form				
	tion with this form; 2) if the form being filed is a f e, address, phone number, fax, and email addres	orm C-1 or Form CB-1, the plat(s) required by this is.				
KCC will be required to send t		t, because I have not provided this information, the pate the additional cost of the KCC performing this the KCC, which is enclosed with this form.				
	payment of the \$30.00 handling fee with this for rm CB-1, Form T-1, or Form CP-1 will be returne	m. If the fee is not received with this form, the KSONA-1 d.				
I hereby certify that the statements ma	de herein are true and correct to the best of my	knowledge and belief.				
Date: 6/15/2013 Signature of	Operator or Agent: W. Michael McNulty	Title: Regional Land Manager				
API # :15189210830003	KDOR #220292	RECEIVED KANSAS CORPORATION COMMISSION				

JUN 1 8 2013

Surface Owners

AP#:	1518921	0830003	Lease Name: _	GREG	G ·			Well #:1	-2 INF
Owner Name: THOMAS LOV TR, LAVERN & JANICE TTEES									
	Address:	1270 N GRANT	AVE						
	City:	LIBERAL	State:	KS	Zip:	67901			
Owi	ner Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				
	er Name: Address:								
	City:		State:		Zip:				

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS