KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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: MUST be submit	itted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 212826 Lease Name: HAYMAKER
** 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 Section feet from E / W Line of Section Haul-Off Workover OF Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE
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
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: JUN 1 8 2013 Signature: Andrew D. Cole CONSERVATION DIVISION WICHTA, 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: <u>Douglas (l. Schultze</u>
	authorization, surface pit permit #has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit.
is acknowledged as	is acknowledged as
the new operator and may continue to inject Iluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
Date:	Date:
DISTRICT EPR ///8//3 Mail to: Past Operator New Operator	PRODUCTION NOV 1 2 2013 UIC 1 2 2013

Side Time

Must Be Filed For All Wells

* Lease Name:	HAYMAKER	- Location: 13 35 37WN7				
Well No.	API No. (YR DRLD/PRE '67) 15189207530000	Foolage from (i.e. FSL = Feet f.	Foolage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
		3766FSL	2640FEL	GAS	ACTIVE	
		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			
		FSUFNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		NSAS CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL	The state of the s	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. It 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 Borehale 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.

Select the corresponding form being filed: C-1 (Intent)	CB-1 (Cathodic Protection Boxehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 5208	Well Location:
Name: EXXONMOBIL OIL CORPORATION	
Address 1: P. O. BOX 4358	
Address 2:	
City: HOUSTON State: <u>TX</u> Zip: <u>77210 ↔ 4358</u>	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease below:
Phone: { 713 431-1869 Fax: { 713 431-1475	T035S - R037W: SEC 013 NW4, NE4, N2 SE4, N2 SW4 (SESE) ——————————————————————————————————
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	
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:	county, and in the real estate property tax records of the county treasurer.
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 ill 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 accepance owner(s). To mitigate the additional cost of the KCC performing this indling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 har form and the associated Form C-1, Form CB-1, Form T-1, or Form	ndling fee with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned.
hereby certify that the statements made herein are true and corr	rect to the best of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent:	Michael McNulty Tille: Regional Land Manager
API # :15189207530000 KDOR #21	2826 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

API#: 1518920		7530000	Lease Name:	HAYMAKER			Well #:12	
Own	er Name:	HAYMAKER, RO	BERT H ETAL FA	RM #17	175			
Address: % FARMERS NAT PO BOX 542016								
	City:	OMAHA	State	NE NE	Zip:	68154-8016		
	er Name:							
	Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			
	er Name:							
4	Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS