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:	vitted with this form.		
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 208397 Lease Name: L BROIDO		
Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells " Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed.	T032S - R036W: SEC 019 SE4, NE4, E2 NW4, E2 SW4 (NWNW) (SWNW) (NWSW) (SWSW) County: Stevens Production Zone(s): COUNCIL GROVE 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 Sectionleet from □ E / □ W Line of Section □ Haul-Off □ Workover □ □ □ Drilling		
Past Operator's License No. 5208 / Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Contact Person: LAURIE KILBRIDE Phone: 713-431-1182 Date: 05/31/2013 Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS		
New Operator's License No. 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 duty 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.:		
· / /	PRODUCTION NOV 0 7 2013 UIC //-7-/3 tor District		

Side Tex

Must Be Filed For All Wells

Lease Name:	L BROIDO		- Location: 19 32 36W NW				
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		
1	15189205260000	3960FSL	3960FEL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
4.00		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
			FEL/FWL				
		FSUFNL					
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		Manager Andrews (American Commence of the Comm	FEL/FWL	The state of the s			
		FSL/FNL	TORRESON OF THE PROPERTY OF TH	Special sense in 1864 on the internal medical sense than the transfer of the sense	DECENTED.		
	_	FSL/FNL	FEL/FWL	KANS	RECEIVED AS CORPORATION COMMISSION		
		FSL/FNL			JUN 1.8 2013 CONSERVATION DIVISION		
		FSL/FNL			WICHITA, KS		
		FSL/FNL		erconomic years of the Markette grade in			

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.

Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358 Coulant Address 2: Least Cary: HOUSTON State: TX Zip: 77210 + 4358 It fills Contact Person: ADAM SCOTT Trail 431-1475 Phone: (713 431- 85 9 Fax: (713 431-1475 (NM Email Address: adam.e.scott@exxonmobil.com Surface Owner Information: Name: See Attached With Address 1: Shee Owner Information:	Location: Sec. 19 Twp.32 S. R. 36 Eas X West my: Stevens New Name: L BROIDO Well #: 1 Sy a Form T-1 for multiple wells on a lease, enter the legal description of ease below: 28 - R036W: SEC 019 SE4, NE4, E2 NW4, E2 SW4 NW) (SWNW) (NWSW) (SWSW) In filing a Form T-1 involving multiple surface owners, attach an additional tristing all of the information to the left for each surface owner. Surface information can be found in the records of the register of deeds for the ty, and in the real estate property tax records of the county treasurer.
Address 1: P. O. BOX 4358 Address 2: Leas City: HOUSTON State: TX Tip: 77210 + 4358 It fills Contact Person: ADAM SCOTT To3 Phone: { 713	rity: Stevens e Name: L BROIDO
Crity: HOUSTON State: TX //ip: 77210 ++ 4358 If film Contact Person: ADAM SCOTT	ng a Form T-1 for multiple wells on a lease, enter the legal description of ease below: 2S - R036W: SEC 019 SE4, NE4, E2 NW4, E2 SW4 (NW) (SWNW) (NWSW) (SWSW) In filing a Form T-1 involving multiple surface owners, attach an additional tilisting all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
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Email Address:adam.e.scott@exxonmobil.com Surface Owner Information: Name: See Attached Whee sheet	n filing a Form 1-1 involving multiple surface owners, attach an additional tisting all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
Email Address: adam.e.scott@exxonmobil.com Surface Owner Information: Name: See Attached Whe shee Address 1: Shee Owner Address 2: County Co	n filing a Form 1-1 involving multiple surface owners, attach an additional I listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
Name: See Attached Whe Address 1: Shee owns	t listing all of the information to the left for each surface owner. Surface or information can be found in the records of the register of deeds for the
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Address 2: coun	ty, and in the real estate property tax records of the county treasurer.
City:	
the KCC with a plat showing the predicted locations of lease roads, tank batteries are preliminary non-binding estimates. The locations may be entered on the For Selections of the following:	m C-1 plat, Form CB-1 plat, or a separate plat may be submilited.
I certify that, pursuant to the Kansas Surface Owner Notice Act (House owner(s) of the land upon which the subject well is or will be located: 1 CP-1 that I am filing in connection with this form; 2) if the form being file form; and 3) my operator name, address, phone number, fax, and email) a copy of the Form C-1, Form CB-1, Form T-1, or Form d is a Form C-1 or Form CB-1, the plat(s) required by this
I have not provided this information to the surface owner(s). I acknowled KCC will be required to send this information to the surface owner(s). task, I acknowledge that I am being charged a \$30.00 handling fee, pay	To mitigate the additional cost of the KCC performing this
If choosing the second option, submit payment of the \$30.00 handling fee with form and the associated Form C-1, Form CB-1. Form T-1, or Form CP-1 will be	this form. If the fee is not received with this form, the KSONA-1 returned.
I hereby certify that the statements made herein are true and correct to the best	of my knowledge and belief.
Date: 6/15/2013 Signature of Operator or Agent: M. Mickael Millul	Tille: Regional Land Manager

API # :15189205260000

KDOR #208397

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15189205260000	Lease Name: _	L BROIDO		Well #:
Own	er Name: FSB INVESTMEN	ITS LLC			
	Address: 948 W 120TH AVE	EN			
	City: CONWAY SPRING	GS State :	KS Zip:	67031	
Owr	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