#### 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 submitte	d with this form.
Check Applicable Bosse:  Oil Lease: No. of Oil Wells  Gas Lease: No. of Gas Wells  Gas Gathering System:  Seitwater Disposal Well - Permit No.:  Spot Location: feet from N / S Line  teet from E / W Line  Entire Project: Yes No  Number of Injection Wells  Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Effective Date of Transfer:    T/1/2013
Surface Pit Permit No.:  (AP! No. If Drill Pit, WO or Heal)  Type of Pit: Emergency Burn Settling	test from N / S Line of Sectiontest from E / W Line of Section  Haul-Off Workover Of Drilling
Past Operator's License No	Contact Person:LAURIE KILBRIDE  Phone:713-431-1182  Date:05/31/2013  Signature:Audnew D. Cole
New Operator's License No. 32864 / New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350	Contact Person: BRENDA WALLER RECEIVED  Phone: 405-319-3259 KANSAS CORPORATION COMMISSION  Oil / Gas Purchaser: WGP-KHC LLC JUN 1 8 2013  Date: 05/31/2013 CONSERVATION DIVISION
OKLAHOMA CITY, OK 73102  Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultre</u> WICHITA, KS
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.:
Date:	PRODUCTION NOV 0 5 2013 UIC 1-S-3

#### Side Two

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#### Must Be Filed For All Wells

KDOR Lease		* Location: 20 31 35W/UV				
Lease Name	: LEFFLER		* Location: 20 31 30M/OV			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abendoned)	
2	15189207890000	4030FSL	3980FEL	GAS	ACTIVE	
	·				_	
		FSL/FNL	FEL/FWL			
	_	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
<del></del>		FSL/FNL	,FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FN	FEL/FWL			
		FSL/FNI	FEL/FWL			
		FSL/FNI	L FEL/FWL			
		FSL/FN	L FEL/FWL	***************************************		
		FSL/FN	LFEL/FWL			
		FSL/FN	LFEL/FWL			
		FSUFN	L FEL/FWL			
		FSL/FN	LFEL/FWI			
		FSL/FN	LFEL/FWI	L		
		FSUFN	iLFEL/FWI	<u> </u>		
		F8L/FN	ILFEL/FWI	K	RECEIVED UNSAS CORPORATION COMMISSIO	
		FSL/FN	ILFEL/FW	L	JUN 1 8 2013	
		FSUFN	VLFEL/FW	L	CONSERVATION DIVISION	

A separate sheet may be attached if necessary

<sup>\*</sup>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.

5208	Well Location:
OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATION	111a) 20 - 24 a a 26 ii ii aad Y Milast
Name: EXACHMOBIL OIL CORPORATION Address 1: P. O. BOX 4368	
Address 2:	
City: HOUSTON State: TX Zip: 77210 ++ 4358	
Contact Person: ADAM SCOTT	T031S - R035W: SEC 020 All
Phone: ( 713 43143 59 Fax: ( 713 431-1475	<del></del>
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	When filing a Form T-1 involving multiple surface owners, attach an additional
Name: See Attached	shoot listing all of the information to the left for each surface owner. Surface
Address 1:	normal and in the real estate property tay records of the county treasurer.
Address 2: State: Zip:+	
are preliminary non-binding estimates. The locations may be ent Select one of the following:	ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat tered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
	lotice Act (House Bill 2032), I have provided the following to the surface vill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by this r, fax, and email address.
was will be required to cond this information to the SHE	r(s). I acknowledge that, because I have not provided this information, the face owner(s). To mitigate the additional cost of the KCC performing this handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 h form and the associated Form C-1, Form CB-1. Form T-1, or Fo	andling fee with this form. If the fee is not received with this form, the KSONA-1 irm CP-1 will be returned.
I hereby certify that the statements made herein are true and $\boldsymbol{\omega}$	orrect to the best of my knowledge and belief.
I Detena Certila mer me argrenmenta mereni era arga entre errore	
	Michael McNulty Title: Regional Land Manager

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

#### Surface Owners

A DIW.	15189207890000	Lease Name:LEFF	LER	Well #: 2	
APH.	13 189207 090000				
Owr	ner Name: CULLISON, J	JAMES W ETAL			
	Address: PO BOX 367				
	City: SATANTA	State: KS	Zip: 67870-0367		
Ow	mer Name:				
011	Address:				
	City:	State:	Zip:		
Ow	vner Name: Address:				
	City:	State:	Zip:		
Ov	vner Name: Address:				
	City:	State:	Zip:		
O	wner Name: Address:				
	City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS