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 Kanese Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes: MUST be subm	itted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 215769			
Gas Gathering System:	Lease Name: PARKER EST			
Saltwater Disposal Well - Permit No.:	NEsec. 29 Twp. 34 R. 36W TEXW			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T034S - R036W: SEC 029 SE4, NE4			
Entire Project: Yes No				
Number of Injection Wells**	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	leet from N / S Line of Section			
(API No. II Drill Pit, WO or Haul)				
Type of Pit: Emergency Burn Settling	Haul-Off Workover L Drilling			
	Marie VF Land			
Past Operator's License No	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 RECEIVED			
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 KANSAS CORPORATION COMMISSION			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Audrew D. Cole JUN 1 8 2013			
New Operator's License No. 32864	CONSERVATION DIVISION CONSERVATION DIVISION WICHITA, KS			
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: 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	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:	Date:			
Date:	Authorized Signature			
	PRODUCTION NOV 0.8.2013 UIC 11-8-13			
Mail to: Past Operator New Operat	or District			

State Terr

Must Be Filed For All Wells

* Lease Name:	PARKER EST		* Location: 29 34 36W() E					
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)			
46 INF	15189209800000	4013F8L	1250FEL	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	**************************************				
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		FSL/FNL FSL/FNL	FEL/FWL	KAN				
		FSL/FNL	FEL/FWL		JUN 1 8 2013			
		FSL/FNL			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. 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:NESec.29 Twp.34 S. R.36 EastX West			
Name: EXXONMOBIL OIL CORPORATION	· · · · · · · · · · · · · · · · · · ·			
Address 1: P. O. BOX 4358	County: Stevens			
Address 2:	Lease Name: PARKER EST Well #: 4-6 INF			
City: HOUSTON State: TX Zip: 77210 + 4358	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: ADAM SCOTT Phone: (713 431- 1859 Fax: (713 431-1475	T034S - R036W: SEC 029 SE4, NE4			
Email Address: adam.e.scott@exxonmobil.com				
Surface Owner Information:				
Name: See Attached	When filling a Form T-1 involving multiple surface owners, attach an additional			
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:				
	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this give, payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	fee with this form. If the fee is not received with this form, the KSONA-1 vill be 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. Michael	Title: Regional Land Manager			
API # :15189209800000 KDOR #215769	RECEIVED KANSAS CORPORATION COMMISSION			

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

JUN 1 8 2013

Surface Owners

PARKER EST

API#:	1518920	9800000	Lease Name: _	PARKI	ER EST	-	Well #:	4-6 INF
Own	er Name:	KANSAS UNIV E	NDOWMENT					
		% FIRST NATION PO BOX 913	IAL BANK					
	City:	HUTCHINSON	State:	KS	Zip:	67504-0913		
Owi	ner Name:							
	Address:							
	City:		State:		Zip:			
	ner 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