#### 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 Compilance with the Kansas Surface Owner Notification Act.

Charle Applicable Boyes: MUST be submitte	ed with this form.
Check Applicable Boxes:  Oil Lease: No. of Oil Wells**  Gas Lease: No. of Gas Wells**  Gas Gathering System:  Saltwater Disposal Well - Permit No.:  Spot Location: feet from N / S Line  feet from E / W Line  Entire Project: Yes No  Number of Injection Wells **  Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **  ** Side Two Must Be Completed.	Effective Date of Transfer: 7/1/2013  KS Dept of Revenue Lease No.: 203048  Lease Name: ONIONS  NW Sec. 20 Twp. 28 R. 33W EXW  Legal Description of Lease:  T028S - R033W: SEC 020 NW4, NE4, S2  County: Haskell  Production Zone(s): CHASE  Injection Zone(s):
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	leet from
Past Operator's License No	Contact Person:LAURIE KILBRIDE  Phone:713-431-1182 KCC WICHITA  Date:05/31/2013 JUN 18 2013  Signature:Andrew D, Cole  RECEIVED
New Operator's License No. 32864 /  New Operator's Name & Address: XTO ENERGY INC.  210 PARK AVENUE, SUITE 2350  OKLAHOMA CITY, OK 73102	Contact Person: BRENDA WALLER  Phone: 405-319-3259  Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 05/31/2013  Signature: Douglas C. Schultze
Title: SR. OPERATIONS VICE PRESIDENT  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	authorization, surface pit permit #has been 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

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

#### Side Two

#### Must Be Filed For All Wells

Lease Name: ONIONS			* Location:_20	* Location: 20 28 33WNW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
1	15081002250001	2440FNL	244FWL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
		FSL/FNL					
				<del></del>			
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL				
		FSL/FNI	FEL/FWL				
-		FSL/FNI	FEL/FWL				
		FSL/FNI	FEL/FWL				
		FSL/FNI	FEL/FWL				
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		FSL/FNI	FEL/FWL		_		
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		FSL/FNI	FEL/FWL	Visitative Mail Papers and the Stage of the	JUN 1 8 2013		
		FSL/FNI	L FEL/FWL		RECEIVED		

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

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## 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.

Select the corresponding form being fil	ed: C-1 distent) CB-1 (Cathodic Pi	otection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
ATTE DATABLE LIGATION & 5208	Well	ocation:
OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATIO		NW Sec. 20 Twp.28 S. R. 33 Eas X West
Address 1: P. O. BOX 4358		ry: Haskell
Address 2:		Name: Onions Well #: 1
City: HOUSTON State: TX		g a Form 1-1 for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the h	ease below:
Phone: ( 713 431- 1859 Fax:		8S - R033W: SEC 020 NW4, NE4, S2
Email Address: adam.e.scott@exxonmot		
Surface Owner Information:		
Name: See Attached	Whe	n filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	— OV/O	listing 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
Address 2:	coun	ty, and in the real estate property tax records of the county treasurer.
City: State:	_ Zip:+	
are preliminary non-binding estimates. T  Select one of the following:	he locations may be entered on the Fo	s, pipelines, and electrical lines. The locations shown on the plat m C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which CP-1 that I am filing in connection	the subject well is or will be located: "	se Bill 2032), I have provided the following to the surface () a copy of the Form C-1, Form CB-1, Form T-1, or Form (ed is a Form C-1 or Form CB-1, the plat(s) required by this () address.
KCC will be required to send this	s information to the surface owner(s).	dge that, because I have not provided this information, the To mitigate the additional cost of the KCC performing this vable to the KCC, which is enclosed with this form.
If choosing the second option, submit pa form and the associated Form C-1, Form	nyment of the \$30.00 handling fee with a 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	e herein are true and correct to the bes	t of my knowledge and belief.
Date: 6/15/2013 Signature of C	Operator or Agent:	Atty Tille: Regional Land Manager
API#:15081002250001	KDOR #203048	KCC WICHITA

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

JUN 18 2013
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### **Surface Owners**

API#: 15081002250001	_    Lease Name:	ONIONS		Well #:!	
Owner Name: LUCAS, R W					
Address: P O BOX 873					
City: SUBLETTE	State:	KS Zip:	67877		
Owner Name: Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			
Owner Name:					
Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			

JUN 18 2013
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