DIVISION ORDER

TO: XTO Energy, Inc.
810 Houston Street
Fort Worth, TX 76102

Date: **November 23, 2010**

Analyst Initials: **CMD/pnf**

Property Number: **120659**

Effective Date: **Date of First Sales**

Property Name: **Emma Reagan GU 01**

Operator: **XTO Energy, Inc.**

County & State: **Robertson County, TX**

Property Description: **407.45 ACS, MORE OR LESS, OUT OF THE MARIA DE LA CONCEPCION MARQUEZ ELEVEN LEAGUE GRANT, A-25, MORE PARTICULARLY DESCRIBED IN THAT CERTAIN UNIT DESIGNATION RECORDED AT VOL 1044, PG 586.**

Production: **X** Oil **X** Gas ____ Other ____

Owner Name & Address:	ERWIN U REAGAN 617 NORTH COMMERCE MARQUEZ, TX 77865-0000	Owner Number:	193815
		Type of Interest:	ROYALTY
		Decimal Interest:	0.035661891

The undersigned certifies the ownership of their decimal interest in production or proceeds as described above payable by XTO Energy Inc. (Payor).

Payor shall be notified, in writing, of any change in ownership, decimal interest, or payment address. All such changes shall be effective the first day of the month following receipt of such notice.

Payor is authorized to withhold payment pending resolution of a title dispute or adverse claim asserted regarding the interest in production claimed herein by the undersigned. The undersigned agrees to indemnify and reimburse Payor any amount attributable to an interest to which the undersigned is not entitled.

Payor may accrue proceeds until the total amount equals $100.00, or pay annually whichever occurs first, or as required by applicable state statute.

This Division Order does not amend any lease or operating agreement between the undersigned and the lessee or operator or any other contracts for the purchase of oil and gas.

In addition to the terms and conditions of this Division Order, the undersigned and Payor may have certain statutory rights under the laws of the state in which the property is located.

Owner(s) Signature(s): Erwin Reagan

Owner(s) Tax ID or SS Number(s): 455-56-3198

Owner Daytime Telephone #: 903-579-3162

Owner FAX Telephone #: ____

Federal Law requires you to furnish your Social Security or Taxpayer Identification Number. Failure to comply will result in 28% tax withholding and will not be refundable by Payor.

********KEEP THIS COPY FOR YOUR FILES********