District

RECEIVED AUG 20 2014 KCC WICHITA

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: 8/15/2014 Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: LEE Saltwater Disposal Well - Permit No.: __ __ <u>SW__Sw.__Sw__Sec.__17__Twp.__26__R.__36W</u> __ __ feet from N / S Line Legal Description of Lease: ___ feet from ___ E / __ W Line T26S-R36W: SEC 17 ALL Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Number of Injection Wells _ County: KEARNY Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE/CNGV Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: ___ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: Temergency Burn Settling Haul-Off Workover **KH BRENDA WALLER** Past Operator's License No. Contact Person: Past Operator's Name & Address: XTO ENERGY INC. Phone: 405-319-3259 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 08/15/2014 Tim Welch Vice President-Land Signature: 33999 **NANCY FITZWATER** New Operator's License No. _ Contact Person: New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: 08/15/2014 Date: Title: REGULATORY COMPLIANCE SUPERVISOR Nancy Fitz Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit __ 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 ______. Recommended action: permitted by No.: __ Date: Date: Authorized Signature Authorized Signature UIC NOV 0 7 2014 DISTRICT ___

New Operator

Mail to: Past Operator_

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Side Two

Must Be Filed For All Wells

*Lease Name:	LEE	* Location: 17 26 36WSW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
17-3-17	15093218150000	330FSL	370FWL	GAS	PR
*					
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	A	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
***************************************		FSL/FNL	FEL/FWL		
The second secon		FSL/FNL	FEL/FWL	ALLEGA	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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.

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API#:15093218150000

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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 32864	Well Location:			
Name: XTO ENERGY INC.	0 sw sw sw Sec. 17 Twp. 26 S. R. 36 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY			
Address 2:	Lease Name: Well #:17-3-17			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	It filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:			
	T26S-R36W: SEC 17 ALL			
Phone: (405 319-3259 Fax: () Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:				
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional 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 1:				
Address 2:	county, 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 are preliminary non-binding estimates. The locations may be entered on Select one of the following: X Lecrtify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be location; and 3) my operator name, address, phone number, fax, and	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed 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). Lac KCC will be required to send this information to the surface own task, Lacknowledge that Lam being charged a \$30.00 handling to	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, 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-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to I	he best of my knowledge and belief.			
Date: Signature of Operator or Agent:	Title: Vice President-Land			

KDOR #230344

Surface Owners

API#: 15093218150000		Lease Name: LEE		Well # <u>17-3-17</u>
Owner Name:	SMITH FAMILY REVO	OCABLE TRUST		
Address:	8493 W US HWY 150			
City:	HARDINSBURG	State: IN	Zip: 47125	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	