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 _ 200010 KS Dept of Revenue Lease No.: Gas Gathering System:_ Lease Name: DORIS ANDERSON Saltwater Disposal Well - Permit No .: __ 23 Twp. SE Sec. _ 31 feet from N / S Line Legal Description of Lease: feet from | E / | W Line T031S - R036W: SEC 023 NW4, NE4, SE4, SW4 Metes & Bound: Other Legal: Enhanced Recovery Project Permit No.: ___ T31S, R36W, SEC: 23, SW1/4 157.50 acres: SW L&E 2.5 AC LYING IN SE/C. S & E OF DC&CV RR ROW- 3005819-001-002 2.50 acres; SW - THAT PART LYING S & Entire Project: Yes No E OF DC&CV RR ROW - 3005819-003 T31S Number of Injection Wells County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: _ feet Irom S Line of Section (API No. If Drill Pit, WO or Haul) feel from W Line of Section Type of Pit: Haul-Off Emergency Burn Settling Workover Past Operator's License No. 32864 **BRENDA WALLER** 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: WGP-KHC LLC 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR 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 Permit No.: _____. Recommended action: _ permitted by No.: ____ Date: Authorized Signature Authorized Signature UIC OCT 0 6 DISTRICT _ Mail to: Past Operator_ New Operator

Side Two

Must Be Filed For All Wells

* Lease Name:	DORIS ANDERSON	* Location: 23 31 36WSE					
Well No.	API No. (YR DRLD/PRE '67) 15189002140000 /	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned) ACTIVE		
		2310FSL	2310FEL	GAS			
· · · · · · · · · · · · · · · · · · ·			FEL/FWL		-		
		FSL/FNL	FEL/FWL		•		
		FSL/FNL	FEL/FWL				
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	y	FSL/FNL	FEL/FWL				
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		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.

API #:15189002140000

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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #32864	Well Location:				
Name: XTO ENERGY INC.	SE _Sec. 23 _Twp.31 _S. R. 36East West				
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens				
Address 2:	Lease Name: DORIS ANDERSON Well #:1				
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 of the lease below: T031S - R036W: SEC 023 NW4, NE4, SE4, SW4 Metes & Bound: Other Legal: T31S, R36W, SEC: 23, SW1/4 157.50 acres: SW L&E 2.5 AC LYING IN SE/C, S & E OF DC&CV RR				
Phone: (405 319-3259 Fax: ()					
Email Address: BRENDA_WALLER@XTOENERGY.COM	ROW- 3005819-001-002 2.50 acres: SW - THAT PART				
	LYING S & E OF DC&CV RR ROW - 3005819-003 T31S				
Surface Owner Information:					
Name: See Attached	When filing 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:+					
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, ar	cated: 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 and email address. cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this				
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 hereby certify that the statements made herein are true and correct to					
Date: Signature of Operator or Agent: Welch	Title: Vice President-Land				

KDOR #200010

Surface Owners

API#: <u>15189002140000</u>		Lease Name: DORIS ANDERSON				Well # 1					
			(a)								
Owner Name: GRANILLO, RAFAEL & ALMA D											
Address:	PO BOX 217										
City:	MOSCOW	9	State: KS	;	Zip:	67952-0217					
Owner Name:											
Address:											
City:		S	State:		Zip:						
Owner Name:											
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