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:	ed with dis ionii.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
X Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 200977
Gas Gathering System:	Lease Name: DYE
Saltwater Disposal Well - Permit No.:	NW_Sec. 18 Twp. 35 R. 36W EXW
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from E / W Line	T035S - R036W: SEC 018 NE4, N2 SE4, NE4 SW4, E2 NW4
Enhanced Recovery Project Permit No.:	(NWNW) (SWNW) (NWSW) (SWSW) (SESW) (SWSE) (SESE)
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.:	feet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling K4
Type of Pit: Emergency Burn Settling	Hadron Honores Jeff
Past Operator's License No. 32864	Contact Person: BRENDA WALLER
Past Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102	Date: 08/15/2014
	Tim Welsh
Title: Vice President-Land	Signature:
New Operator's License No. 33999	Contact Person: NANCY FITZWATER
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4000
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES
600 Havis Street, Strike 5100 Houston, 1X 77002	
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tignator
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	
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:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR 0-3-14	PRODUCTION (2014) UIGCT 0 6 2014
Mail to: Past Operator New Operator	or <u>District</u>

Side Two

Must Be Filed For All Wells

Footage from (i.e. FSL = Feet fi 740 640FSLFSL/FNLFSL/FNLFSL/FNL	rom South Line) 2740 2640FEL FEL/FWL	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned) ACTIVE
FSL/FNL	FEL/FWL		ACTIVE
FSL/FNL	FEL/FWL		
FSL/FNL	FEL/FWL		
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FSL/FNL	FEL/EWL		
FSL/FNL	FEL/FWL		
FSL/FNL	FEL/FWL		
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FSL/FNL	FEL/FWL		
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FSL/FNL	FEL/FWL		
FSL/FNL	FEL/FWL		
FSL/FNL 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#:15189007210000

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 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 #	Well Location:			
Name: XTO ENERGY INC.				
Address 1: 210 PARK AVENUE, SUITE 2350	County;Stevens			
Address 2:				
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: BRENDA WALLER	the lease below: T035S - R036W: SEC 018 NE4, N2 SE4, NE4 SW4, E2 NW4			
Phone: (405 319-3259 Fax: ()				
Email Address: BRENDA_WALLER@XTOENERGY.COM	<u></u>			
Surface Owner Information:				
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional			
Address 1:	choot licting all of the information to the left for each surface owner. Surface			
	die the seal antata assessments for records of the accumus traccinor			
Address 2:	County, and in the real estate property tax records of the county a easurer.			
City: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (C	athodic Protection Borehole Intent), you must supply the surface owners and			
City: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enter				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enter Select one of the following: X certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
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Surface Owners

API#: <u>15189</u> 6	007210000	Lease Name: DYE		Well # <u>1</u>
Owner Name:	ZABEL, LOREN & VI	ERA LEE LE ETAL		
Address:	1408 S MONROE			
City:	HUGOTON	State: KS	Zip: 67951-3036	
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:				
Citv:		State:	Zip:	