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## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form F-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: Oil Lease: No. of Oil Wells \_\_\_ Effective Date of Transfer: Gas Lease: No. of Gas Wells 208220 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: E CARPENTER UT Saltwater Disposal Well - Permit No.: \_\_\_ 33 SE Sec. \_ feet from N / S Line Legal Description of Lease: T033S - R037W: SEC 035 SE4 SEC 036 NW4, S2 Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells\_ County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **COUNCIL GROVE** 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: Emergency Burn Settling Haul-Off Workover Drillina KH 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: New Operator's License No. 33999 / **NANCY FITZWATER** New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES 08/15/2014 Date: Title: REGULATORY COMPLIANCE SUPERVISOR 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 permitted by No.: \_ Date: Authorized Signature Authorized Signature PRODUCTION OCT 0 6 2014 DISTRICT UOCT 0 6 2014 Mail to: Past Operator\_ **New Operator** 

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#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	E CARPENTER UT		* Location: 38	5 33 37WSE	
Lease Name:			Location:		
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)
23	15189204610000 /	1250FSL	1250FEL ~	GAS	ACTIVE
					The Control of the Co
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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	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

<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.

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#### 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.

22964					
OPERATOR: License # 32864	Well Location:SE Sec. 35 Twp. 33 S. R. 37 East West				
Name: XTO ENERGY INC.					
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens  Lease Name: E CARPENTER UT Well #: 23				
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 the lease below:				
Contact Person: BRENDA WALLER	T033S - R037W: SEC 035 SE4 SEC 036 NW4, S2				
Phone: ( 405 319-3259 Fax: ( ) PRENDA WALLED EXTOCALED COM-					
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				
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 county, and in the real estate property tax records of the county treasurer.				
Address 2:					
	nthodic Protection Borehole Intent), you must supply the surface owners and				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads,					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will the subject well in the subject well in the subject well is or will the subject well in the subject well in the subject well in the subject well is or will the subject well in the subject we	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.  The 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 rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this				
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### **Surface Owners**

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API#: <u>15189204610000</u>		Lease Name: E CARPENTER UT		Well # <u>23</u>	
Owner Name:	HARRISON LANDS L	rc			
Address:	PO BOX 1221				
City:	SALIDA	State: CO	Zip: 81201-1221		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:		Chahai	7		
City:		State:	Zip:		
Owner Name:					
Address:					
City		State:	7in:		