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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1
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: Effective Date of Transfer: Oil Lease: No. of Oil Wells _ 220827 Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: EARLOUGHER Saltwater Disposal Well - Permit No.: ____ 32_Twp. 26 R SE Sec. _____feet from N/S Line Legal Description of Lease: ___feet from ___E / __W Line T026S - R036W: SEC 032 All Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells _ County: Kearny Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE ** Side Two Must Be Completed. Injection Zone(s):_ feet from N/ S Line of Section Surface Pit Permit No.: _ (API No. If Drill Pit, WO or Haul) E / W Line of Section Workover Drilling Type of Pit: Emergency Burn Settling Haul-Off **BRENDA WALLER** Past Operator's License No. 32864 / Contact Person: _ Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 08/15/2014 Date: _ Tim Welch Vice President-Land Signature: **NANCY FITZWATER** New Operator's License No. 33999 Contact Person-New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone: Oil / Gas Purchaser: ONEOK FIELD SERVICES 600 Travis Street, Suite 5100 Houston, TX 77002 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: _ _____ . Recommended action: Authorized Signature Authorized Signature UIC 0 6 2014 DISTRICT _ District **New Operator** Mail to: Past Operator ___

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Side Two

Must Be Filed For All Wells

* Lease Name:	EARLOUGHER					
Well No.	API No. (YR DRLD/PRE '67)	* Location: 3 Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
	15093214240001			HI : :::	ACTIVE	
13 INF	15053214240001	1250FSL	2585FEL		ACIIVE	
		FSL/FNL	FEL/FWL			
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		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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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	athodic Protection Borehole Intent)				
32864	Maki Logotian				
OPERATOR: License #	Well Location:SESec. 32 Twp. 26 S. R. 36 East West				
Address 1: 210 PARK AVENUE, SUITE 2350	County: Kearny				
Address 2:	Lease Name: EARLOUGHER Well #: 13 INF				
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: T026S - R036W: SEC 032 All				
Phone: (405 319-3259 Fax: ()	10203 - N030W. SEC 032 All				
Email Address: BRENDA_WALLER@XTOENERGY.COM					
Surface Owner Information:					
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additiona				
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 on Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice Account of the land upon which the subject well is or will be lo	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). I ac KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	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	the best of my knowledge and belief.				
Date: 8/15/2014 Signature of Operator or Agent: Tim Wolch	Title: Vice President-Land				
O.g. assist of Operation of Tigoria					

API # :15093214240001 KDOR #220827

Surface Owners

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API#: _	150932	214240001	Lease Name	e: <u>E/</u>	ARLOUGHER			Well # <u>13 INF</u>
Owner	r Name:	TATE, GEORGE	H & JUDY B					
Ad	ddress:	PO BOX 69						
	City:	LAKIN	Si	ate:	KS	Zip:	67860	
Owner	· Name:							
Ac	ddress:							
	City:		St	ate:		Zip:		
Owner	· Name:							
Ac	ddress:							
	City:		St	ate:		Zip:		
Owner	· Name:							
Ac	dress:							
	City:		St	ate:		Zip:		
Owner	· Name:							
Ac	ldress:							
	City:		St	ate:		Zip:		
Owner	Name:							
Ac	ldress:							
	City:		St	ate:		Zip:		