### Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 July 2014 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:  | itted with this form.  |
|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer: 8/15/2014                                      |
| Gas Lease: No. of Gas Wells**  | KS Dept of Revenue Lease No.: 216268                                       |
| Gas Gathering System:  | Lease Name: EVANS  |
| Saltwater Disposal Well - Permit No.:  |  |
| Spot Location: feet from N / S Line  | SW - SW - NE NE Sec. 2 Twp. 31 R. 40 E V                                   |
| feet from E / W Line   | Legal Description of Lease: 4075 NORTH, 1250 WEST, FROM SE CORNER          |
| Enhanced Recovery Project Permit No.:  | Received   |
| Entire Project: Yes No   | County: MORTON KANSAS CORPORATION COMMISSION                               |
| Number of Injection Wells **   | Production Zone(s): COUNCIL GROVE SFP 2 2 2014                             |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE                            |  |
| ** Side Two Must Be Completed.   | Injection Zone(s): CONSERVATION DIVISION WICHITA, KS                       |
| Surface Pit Permit No.:  | feet from N / S Line of Section  |
| (API No. if Drill Prt, WO or Haul)   | feet from E / W Line of Section  |
| Type of Pit: Emergency Burn Settling   | Haul-Off Workover DP Drilling  |
| 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:  |
| Title: VICE PRESIDENT-LAND   | Tim Wolch  |
| Title:   | Signature:   |
| 33999  | NANCY EITZWATER  |
| New Operator's License No.   | 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: WGP-KHC LLC   |
|  | Date: 08/15/2014   |
| Title: REGULATORY COMPLIANCE SUPERVISOR                                      | Signature:   |
|  | Ogradure.  |
| Acknowledgment of Transfer: The above request for transfer of injection a    | uthorization, surface pit permit # has been                                |
| noted, approved and duly recorded in the records of the Kansas Corporation C | commission. This acknowledgment of transfer pertains to Kansas Corporation |
| Commission records only and does not convey any ownership interest in the at | bove injection well(s) or pit permit.                                      |
| is acknowledged as   | is acknowledged as   |
| he 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.:  |
| . Hessimiendes abnoti.   | permitted by 140   |
| Date:  | Date:  |
| Authorized Signature   | Authorized Signature   |
| DISTRICT EPR 9-29-14 PF  | RODUCTION SEP 3 0 2014 UICSEP 3 0 2014                                     |
| Mail to: Past Operator New Operator  |  |

#### Side Two

#### Must Be Filed For All Wells

| * Lease Name:                         | EVANS                        |                                    | * Location:2               | 2 31 40W SW SW NE N               | E  |
|---------------------------------------|------------------------------|------------------------------------|----------------------------|-----------------------------------|--|
| Well No.                              | API No.<br>(YR DRLD/PRE '67) | Footage from (i.e. FSL = Feet from |                            | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned          |
| 1-2                                   | 15129209200000√              | Circle<br>4075 FNL FSVFNL          | Circle<br>1250 FWL FED/FWL | GAS                               | ACTIVE                                       |
|                                       | 8                            | FSL/FNL                            | FEL/FWL                    |                                   | -  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    | 0                                 |  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   |  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   |  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   |  |
|                                       | ·                            | FSL/FNL                            | FEL/FWL                    |                                   | )  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   | , bearing the second                         |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   |  |
|                                       |                              | 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 _                  |                                   |  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   |  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   |  |
|                                       |                              | FSL/FNL                            | FEL/FWL                    |                                   | Received                                     |
|                                       |                              |                                    | FEL/FWL _                  | KANSAS CO                         | RPORATION COMMISSION                         |
|                                       |                              |                                    |                            | SE                                |  |
|                                       |                              |                                    | FEL/FWL _                  | UUNOL                             | RV <del>ATION DIVISION</del><br>VICHITA, K\$ |

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.

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2014 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.

| 32864  |   |
|--|---|
| OPERATOR: License # 32864  Name: XTO ENERGY INC.   | Well Location:  |
| Name: ATO ENERGY INC.  | SW_SW_NE_NE_Sec. 2 Twp. 31 S. R. 40 ☐ East ➤ West   |
| Address 1: 210 PARK AVENUE, SUITE 2350   | County: MORTON  Lease Name: EVANS Well #: 1-2   |
| Address 2:   | Lease Name: EVANS Well #: 1-2   |
| City: ORLAHOMA CITY State: OR 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: 4075 NORTH, 1250 WEST, FROM SE CORNER  |
| Phone: ( 405 ) 319-3259 Fax: ( )   |   |
| Address 2:  City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER  Phone: (405) 319-3259 Fax: ( ) Fax |   |
| Surface Owner Information:   |   |
| Name: EUGENE SHORE   | When filing a Form T-1 involving multiple surface owners, attach an additional  |
| Name: EUGENE SHORE Address 1: HC 2, BOX 35B  | 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:   | county, and in the real estate property tax records of the county treasurer.  |
| the KCC with a plat showing the predicted locations of lease roa   | (Cathodic Protection Borehole Intent), you must supply the surface owners and ads, tank batteries, pipelines, and electrical lines. The locations shown on the plat   |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa  | (Cathodic 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 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be ensembled on the following:  I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or vCP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number  | (Cathodic Protection Borehole Intent), you must supply the surface owners and ads, tank batteries, pipelines, and electrical lines. The locations shown on the plat attered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this r, fax, and email address.  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be end.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or vonce. The CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number I have not provided this information to the surface owner KCC will be required to send this information to the surface, I acknowledge that I must provide the name and a  | (Cathodic Protection Borehole Intent), you must supply the surface owners and ids, tank batteries, pipelines, and electrical lines. The locations shown on the plat stered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by this  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be ensembled on the following:  I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or voc. CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone numbed.  I have not provided this information to the surface owner KCC will be required to send this information to the surface, I acknowledge that I must provide the name and a that I am being charged a \$30.00 handling fee, payable  | (Cathodic Protection Borehole Intent), you must supply the surface owners and ads, tank batteries, pipelines, and electrical lines. The locations shown on the plat attered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filled is a Form C-1 or Form CB-1, the plat(s) required by this r, fax, and email address.  T(s). I acknowledge that, because I have not provided this information, the face owner(s). To mitigate the additional cost of the KCC performing this address of the surface owner by filling out the top section of this form and to the KCC, which is enclosed with this form.                             |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be ensembled to be subject one of the following:  I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or voc CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone numbed I have not provided this information to the surface owner KCC will be required to send this information to the surface, I acknowledge that I must provide the name and a that I am being charged a \$30.00 handling fee, payable of choosing the second option, submit payment of the \$30.00 has  | (Cathodic Protection Borehole Intent), you must supply the surface owners and ads, tank batteries, pipelines, and electrical lines. The locations shown on the plat attered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filled is a Form C-1 or Form CB-1, the plat(s) required by this r, fax, and email address.  The form CB-1 is a form C-1 or Form CB-1, Form T-1, or Form the form.  The form CP-1 will be returned. |

SEP 2 2 2014