### 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:  |   |  |  |
|--|---|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer: August 29, 2014   |  |  |
| Gas Lease: No. of Gas Wells**  | KS Dept of Revenue Lease No.: 200448  |  |  |
| Gas Gathering System:  | Lease Name: Brecheisen  |  |  |
| Saltwater Disposal Well - Permit No.:  |   |  |  |
| Spot Location:feet from N / S Line   |   |  |  |
| feet from 🔲 E / 🗍 W Line   | Legal Description of Lease: Section 03-35S-38W  |  |  |
| Enhanced Recovery Project Permit No.:  |   |  |  |
| Entire Project: Yes No   | County: Stevens   |  |  |
| Number of Injection Wells**  | Production Zone(s):   |  |  |
| Field Name: Kansas Hugoton   | Injection Zone(s):  |  |  |
|  | Injection Zono(3).  |  |  |
|  | feet from N / S Line of Section   |  |  |
| Surface Pit Permit No.:(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 KH   |  |  |
| Past Operator's License No. 32606  | Contact Person: Randy Bolles, Manager Regulatory Compliance   |  |  |
| Past Operator's Name & Address: Devon Energy Production Co., LP              | Phone: 405-228-8588   |  |  |
| 333 West Sheridan Ave., Oklahoma City, Oklahoma 73102-5015                   | Date: August 29, 2014   |  |  |
|  |   |  |  |
| Title: John Raines, Vice President Land                                      | Signature:  |  |  |
| 22000  | Nancy Fitzwater   |  |  |
| New Operator's License No. 33999   | Contact Person: Nancy Fitzwater   |  |  |
| New Operator's Name & Address: Linn Operating, Inc.                          | Phone: 281-840-4000   |  |  |
| 600 Travis, Suite 5100 KANSAS CORPORATION COMMISSION                         | Oil / Gas Purchaser: Anadarko Energy Services Company, L.L.C.   |  |  |
| Houston, Texas 77002 SEP 1 2 2014  | Date: August 29, 2014   |  |  |
| Title: Regulatory Compliance Supervisor CONSERVATION DIVISION                | Signature: Mancy Litzwalus  |  |  |
| Title: WICHITA, KS   |   |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection a    | has been had |  |  |
| noted, approved and duly recorded in the records of the Kansas Corporation C |   |  |  |
| Commission records only and does not convey any ownership interest in the a  |   |  |  |
| Commission records only and does not convey any conference measurement       |   |  |  |
| is acknowledged as   | is acknowledged a   |  |  |
| the new operator and may continue to inject fluids as authorized by          | the new operator of the above named lease containing the surface p  |  |  |
| Permit No.: Recommended action:  | permitted by No.:   |  |  |
| Permit No  |   |  |  |
|  | Date:   |  |  |
| Date:  | Authorized Signature  |  |  |
| DISTRICT EPR (0-/0-/4 F  | PRODUCTION  |  |  |
| Mail to: Past Operator New Operato   | or District   |  |  |

#### Side Two

#### Must Be Filed For All Wells

|              | 9 No.: 200448 P              |                                      | ,, c                       | Section 3-35S-38W                 |                                       |
|--------------|------------------------------|--------------------------------------|----------------------------|-----------------------------------|---------------------------------------|
| * Lease Name | Brecheisen                   |                                      | * Location:                | Section 3-330-3044                |                                       |
| 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            | 15-189-00744                 | Circle<br>1320 FNL FSL/FNL           | Circle<br>1320 FWL FEL/FWL | Gas                               | Producing                             |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              |                                      | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    | , -                               |                                       |
|              |                              |                                      | FEL/FWL                    |                                   |                                       |
|              |                              |                                      |                            |                                   |                                       |
|              |                              |                                      |                            |                                   |                                       |
|              |                              |                                      |                            |                                   |                                       |
|              |                              |                                      |                            |                                   |                                       |
|              |                              |                                      |                            |                                   |                                       |
|              |                              |                                      |                            |                                   |                                       |
|              |                              |                                      |                            |                                   |                                       |
|              | -                            | FSL/FNL                              |                            |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   |                                       |
|              |                              | FSL/FNL                              | FEL/FWL                    | Re KANSAS CORPO                   | CEIVED<br>RATION COMMISSION           |
|              |                              | FSL/FNL                              | FEL/FWL                    | SEP                               | 1 2 2014                              |
|              |                              | FSL/FNL                              | FEL/FWL                    |                                   | NTION <del>DIVISION</del><br>HITA, KS |
|              |                              | 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.

#### 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.

| OPERATOR: License # 23606  | Well Location:   |  |  |
|--|--|--|--|
| Name: Devon Energy Production Co., LP  | NW Sec. 03 Twp. 35 S. R. 38 ☐ East 🗷 West  |  |  |
| Address 1: 333 West Sheridan Avenue  | County: Stevens  |  |  |
|  | Lease Name: Brecheisen Well #: 1   |  |  |
| Address 2:   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of   |  |  |
| Contact Person: Randy Bolles   | the lease below:   |  |  |
|  |  |  |  |
| Phone: ( 405 ) 228-8588 Fax: ( )  Email Address: Randy.Bolles@dvn.com  |  |  |  |
| Surface Owner Information:   |  |  |  |
| Name: Galen Alfred Brecheisen Address 1: 312 Road 7  | When filing a Form T-1 involving multiple surface owners, attach an additional 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 roal colucto property tall received a second second   |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tar  | odic Protection Borehole Intent), you must supply the surface owners and   |  |  |
|  | nk batteries, pipelines, and electrical lines. The locations shown on the plat<br>on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |  |  |
| are preliminary non-binding estimates. The locations may be entered a Select one of the following:   | nk batteries, pipelines, and electrical lines. The locations snown on the plat<br>on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |  |  |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be   | Act (House Bill 2032), I have provided the following to the surface located: 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  |  |  |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of  | Act (House Bill 2032), I have provided the following to the surface located: 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.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and  |  |  |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the  | Act (House Bill 2032), I have provided the following to the surface located: 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.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.   |  |  |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the lift 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 CF. | Act (House Bill 2032), I have provided the following to the surface located: 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.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 will be returned. |  |  |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the  | Act (House Bill 2032), I have provided the following to the surface located: 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.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 will be returned. |  |  |

Received KANSAS CORPORATION COMMISSION

SEP 12 2014