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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: 8/15/2014 Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: _ BEACH Saltwater Disposal Well - Permit No.: _ feet from N/ S Line Legal Description of Lease: feet from E / W Line T025S - R031W: SEC 020 All Enhanced Recovery Project Permit No.: ___ Entire Project: Yes No Number of Injection Wells County: Finney Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE 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) feet from W Line of Section Type of Pit: **Emergency** Settling Burn Haul-Off Workover Drilling 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 New Operator's License No. 33999 **NANCY FITZWATER** Contact Person: ... New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: REGENCY MIDCON GAS SERVICES 08/15/2014 Date: 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 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.: _ Authorized Signature Authorized Signature PRODUCTION NOV 0 7 2014 DISTRICT _____ Mail to: Past Operator ___ **New Operator**

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Side Two

Must Be Filed For All Wells

KDOR Lease * Lease Name:	BEACH		* Location:_2	0 25 31WSE		
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)	
· · · · · · · · · · · · · · · · · · ·	15055005120000	2540 FSL 2310FSL	2540 FEL 2310FEL	GAS	ACTIVE	
<u> </u>						
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	etik darek (j. 1901) Grafia		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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1		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

^{*}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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API #:15055005120000

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	(Cathodic Protection Borehole Interit) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #32864 Name: XTO ENERGY INC.	Well Location:			
Address 1: 210 PARK AVENUE, SUITE 2350	County: Finney			
Address 2:	Lease Name: BEACH Well #:3			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
	T025S - R031W: SEC 020 All			
Phone: (405 319-3259 Fax: () 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:				
City: State: Zip:+				
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, and 3.				
KCC will be required to send this information to the surface or task, I acknowledge that I am being charged a \$30.00 handling	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this g 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	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.			
I hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief.			
Date: Signature of Operator or Agent: Wold	Title: Vice President-Land			
<u>-</u> , , ,				

KDOR #200262

Surface Owners

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API#: <u>15055005120000</u>		Lease Name: BEACH		Well # <u>3</u>				
Owner Name:	BEACH, PHYLLIS G	ETAL						
Address:	6335 S PIERCEVILLE RD							
City:	PIERCEVILLE	State: KS	Zip: 67868-9500					
Owner Name:								
Address:								
City:		State:	Zip:					
Owner Name:								
Address:								
City:		State:	Zip:					
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Owner Name:								
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City:		State:	Zip:					