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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: ##051 be submitted Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
Gas Lease: No. of Gas Wells**	
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	Lease Name: BEAVERS
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
	T034S - R038W: SEC 014 W2 W2, E2 NW4, E2 SW4, E2
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	
Number of Injection Wells**	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet fromN / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KH
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: 08/15/2014 Tim Welch
Title: Vice President-Land	Signature:
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: ONEOK FIELD SERVICES
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fitzwater
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 records only and does not convey any ownership interest in the al	
Sommosor rooted only and door rot correct any ownership increase in the di	sore algebrain well(a) of pic 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.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR// -6 -14 PI	RODUCTION NOV 0 7 2014 UIC NOV 0 7 2014
Mail to: Past Operator New Operator	refilire for the control of the cont

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Side Two

Must Be Filed For All Wells

* Lease Name	BEAVERS		* Location: 14	1 34 38WSW	
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)
13 INF	15189211720002	650FSL	4671FEL	HI	ACTIVE
				10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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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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.

OPERATOR: License # 32864	Mark 1 a posti and			
Name: XTO ENERGY INC.	Well Location:			
Address 1: 210 PARK AVENUE, SUITE 2350				
Address 2:				
City: OKLAHOMA CITY State: OK Zip: 73102 +				
Contact Person: BRENDA WALLER	the lease below:			
Phone: (405 319-3259 Fax: ()	T034S - R038W: SEC 014 W2 W2, E2 NW4, E2 SW4, E2			
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 sheet listing all of the information to the left for each surface owner. Surface			
Address 1:	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:	· <u> </u>			
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,	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
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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	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Ce 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 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>151892</u>	211720002	Lease Name: BEAVER	RS	Well # <u>13 INF</u>
Owner Name:	MID AMERICA CATT	LE CO		
Address:	PO BOX 818			
City:	HUGOTON	State: KS	Zip: 67951-0818	
Owner Name:	GPG LLC			
Address:	1114 ROAD A			
City:	HUGOTON	State: KS	Zip: 67951-5125	
Owner Name:	BRECHEISEN LIV TR	R, PEGGY TTEE		
Address:	848 ROAD G			
City:	HUGOTON	State: KS	Zip: 67951-5232	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City		State:	7in:	