RECEIVED AUG 20 2014 KCC WICHITA

DISTRICT _

Mail to: Past Operator ___

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form F-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 200362 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: BLACKMER Saltwater Disposal Well - Permit No.: _ 35 R. _____feet from N/ S Line Legal Description of Lease: feet from E / W Line T035S - R036W: SEC 015 N2, N2 SW4, N2 SE4 (SESE) (SWSE) Enhanced Recovery Project Permit No.: (SESW) (SWSW) 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.: _ N / S Line of Section (API No. If Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: **Emergency** Settling Haul-Off Workover トナ 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 Signature: 33999 **NANCY FITZWATER** New Operator's License No. _ Contact Person: . New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES 08/15/2014 Date: Title: REGULATORY COMPLIANCE SUPERVISOR Signature: 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 _____. Recommended action: Permit No.: permitted by No.: ____ Date: Authorized Signature Authorized Signature

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Side Two

Must Be Filed For All Wells

* Lease Name:	BLACKMER		* Location:_1	5 35 36WC	
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)
in in the second	15189007180000	2740 FSL 2640ESL	2740 FEL 2 640 F EL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	ing the second	
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL 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		

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#:15189007180000

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 Intent)				
OPERATOR: License # 32864	Well Location:				
Name: XTO ENERGY INC.	CSec. 15_Twp.35_S. R. 36East West				
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens				
Address 2:	Lease Name: BLACKMER Well #:1				
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:				
Phone: (405 319-3259 Fax: ()	T035S - R036W: SEC 015 N2, N2 SW4, N2 SE4 (SESE) (SWSE) (SESW) (SWSW)				
Email Address: BRENDA_WALLER@XTOENERGY.COM	(ONOL) (OLON) (ONON)				
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:+					
the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following: X 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 filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s).	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this				
	g fee with this form. If the fee is not received with this form, the KSONA-1				
I hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief.				
Date:8/15/2014 Signature of Operator or Agent: Signature	h Vice President-Land				

KDOR #200362

Surface Owners

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KCC WICHITA

API#: <u>15189007180000</u>		Lease Name: BLACKMER	·	Well # <u>1</u>
Owner Name:	TOWNER, ADENA H			
Address:	1981 ROAD B			
City:	HUGOTON	State: KS	Zip: 67951-5171	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City		State:	7in·	