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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: BOLENBAUGHMOYER Saltwater Disposal Well - Permit No.: _ _____feet from N/S Line Legal Description of Lease: feet from E / W Line T027S - R035W: SEC 006 All Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells_ County: Grant Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s): feet from N / S Line of Section Surface Pit Permit No.: _ (API No. If Drill Pit, WO or Haul) E / W Line of Section feet from Drilling Type of Pit: **Emergency** Settling Haul-Off Workover **BRENDA WALLER** Past Operator's License No. 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 **NANCY FITZWATER** New Operator's License No. 33999 Contact Person: __ New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: WGP-KHC LLC 08/15/2014 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 permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT

New Operator

Mail to: Past Operator_

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KDOR Lease No.:

Side Two

Must Be Filed For All Wells

221188

* Lease Name:	BOLENBAUGHMOYER	* Location: 6 27 35WNW				
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)	
3. <u>11</u>	15067213770001	1250FNL	1250FWL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
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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.

Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Borehole Intent)			
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:NW Sec. 6 Twp. 27 S. R. 35 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County: Grant			
	Lease Name: BOLENBAUGHMOYER Well #:3			
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T027S - R035W: SEC 006 All			
Contact Person: BRENDA WALLER				
Phone: (
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:				
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additiona.			
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			
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City:				
the KCC with a plat showing the predicted locations of lease roads, tall are preliminary non-binding estimates. The locations may be entered a Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
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 and email address.			
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 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 CF	g fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
I hereby certify that the statements made herein are true and correct t	to the best of my knowledge and belief.			
Date: 8/15/2014 Signature of Operator or Agent: Tim Weld	Title: Vice President-Land			
API # :15067213770001 KDOR #221188				

Surface Owners

AUG 20 2014 **KCC WICHITA**

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API#: <u>15067213770001</u>		Lease Name: BOLENBAUG	Well # <u>3</u>		
Owner Name:	SMITH, LARRY K				
Address:	8569 E RD 2				
City:	ULYSSES	State: KS	Zip: 67880		
Owner Name:	MOYER, DAVID G &	KAY			
Address:	1781 PEACH LN				
City:	METTER	State: GA	Zip: 30439-8972		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
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