RECEIVED AUG 20 2014 KCC WICHITA

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 Merch 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,
MIST be submitted with this form

Check Applicable Boxes: MUST be subm	itted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
X Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 200367
Gas Gathering System:	Lease Name: BOLES
Saltwater Disposal Well - Permit No.:	사람들은 바다 보다 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 바람들은 바람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T032S - R034W: SEC 001 SE4 SW4, W2 SE4, E2 SE4, NE4, SW4 SW4, N2 SW4, NW4
Entire Project: Yes No	
Number of Injection Wells **	County:Seward
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
	Continue of Caption
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 K以
Past Operator's License No	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
Title- Vice President-Land	Tim Welch
Title: Vice President-Land	Signature:
New Operator's License No33999 /	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
	Signature: Nancy Titzwater
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Staney Sugares
Acknowledgment of Transfer: The above request for transfer of injection	
	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.:
算制は、	
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR	PRODUCTION OCT 2 9 2014 UICOCT 2 9 2014
Mail to: Past Operator New Opera	ttorDistrict

RECEIVED AUG 20 2014 KCC WICHITA

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	POLES		* Location: 1	32 34WSW	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
E1	15175002830001 🗸	2316FSL	2310 FWL 2970FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	1.	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		
<del></del>		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	Haller Commence Comme	
		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.

RECEIVED AUG 20 2014 KCC WICHITA

API #:15175002830001

#### 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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 32864  Name: XTO ENERGY INC.  Address 1: 210 PARK AVENUE, SUITE 2350	Well Location:SW Sec. 1 Twp.32 S. R. 34 East West				
	County: Seward  Lease Name: BOLES Well #:E1				
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
	T032S - R034W: SEC 001 SE4 SW4, W2 SE4, E2 SE4, NE4,				
Phone: ( 405 319-3259 Fax: ( ) Email Address: BRENDA_WALLER@XTOENERGY.COM	SW4 SW4, N2 SW4, NW4				
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				
Address 2:	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.				
City:					
CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, an	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form cling filed is a Form C-1 or Form CB-1, the plat(s) required by this demail address.  It is considered that, because I have not provided this information, the cater of the considered the considered that is information, the cater of the considered that the considered the considered the considered the considered the considered that the considered the considered the considered that the considered the considered that the c				
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-1					
I hereby certify that the statements made herein are true and correct to	he best of my knowledge and belief.				
Date: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land				

KDOR #200367

### Surface Owners KCC WICHITA

### AUG 20 2014

RECEIVED

API#: <u>151750</u>	002830001	Lease Name: BOLES		Well # <u>E1</u>	
Owner Name:	FITZGERALD FARM	S LLC			
Address:	8748 HIGHWAY 83				
City:	LIBERAL	State: KS	Zip: 67901		
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:	Zip:		
, •		•	•		