RECEIVED AUG 20 2014 KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1
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: 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: BRECHEISEN Saltwater Disposal Well - Permit No.: ___ ______feet from N/S Line Legal Description of Lease: _ feet from F / W Line 34-33-38W. SE 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):___ ** 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) E / W Line of Section Type of Pit: **Emergency** Burn Settlina Haul-Off KH Workover Drilling Past Operator's License No. 32864 **BRENDA WALLER** Contact Person: _ Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 08/15/2014 Date: Tim Welch Vice President-Land Signature: New Operator's License No. 33999 / NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: 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 permitted by No.: ___ Date: Authorized Signature Authorized Signature UIC NOV 0 6 2014 DISTRICT PRODUCTION _ Mail to: Past Operator_ New Operator

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Side Two

Must Be Filed For All Wells

Lease Name:	BRECHEISEN		* Location:		
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)
2	15189101760000	4544 FSL 1250ENL	1281 FEL 1390FWL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
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		# 1544年から # 1 - <u>- #154</u>
		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.

	-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 32864	_ Well Location:				
Name: XTO ENERGY INC.					
Address 1: 210 PARK AVENUE, SUITE 2350					
Address 2:	Lease Name: BRECHEISEN Well #:2				
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: ()	─ 34-33-38W, SE -				
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 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, ta are preliminary non-binding estimates. The locations may be entered Select one of the following:	ank batteries, pipelines, and electrical lines. The locations shown on the plat d 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 CP-1 that I am filing in connection with this form; 2) if the forr form; and 3) my operator name, address, phone number, fax. I have not provided this information to the surface owner(s).	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form in being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this				
task, I acknowledge that I am being charged a \$30.00 handlii	ng 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 CB-1, Form	ng 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					
Date: Signature of Operator or Agent: Signature or	Title: Vice President-Land				
API # :15189101760000 KDOR #200420					

Surface Owners

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API#: <u>15189101760000</u>		Lease Name: BRECHEISEN		Well # <u>2</u>
Owner Name:	REYNOLDS, WAYNE	& EVALENA LIV TRS TTEES		
Address:	601 W CITY LIMITS			
City:	HUGOTON	State: KS	Zip: 67951-2247	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
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Owner Name:				
Address:				
City:		State:	Zip:	