RECEIVED AUG 20 2014 KCC WICHITA

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: MUST be submit	tted 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.: 200423		
Gas Gathering System:	Lease Name: BROWER		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T032S - R037W: SEC 001 SW4, S2 NW4, S2 NE4, SE4 (NENE)		
Entire Project: Yes No	(NWNE) (NENW) (NWNW)		
Number of Injection Wells **	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	■ 公園工具の一切のでは、一切企品では、一切では、一つでは、一つで、一般を開いて		
** Side Two Must Be Completed.	Production Zone(s): CHASE		
Orac i no masi se completea	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)	호 - Bullion - 1 ### 스플이 크네이 이 ### 모스트		
Type of Pit: Emergency Burn Settling	feet from E / W Line of Section Haul-Off Workover Drilling / A		
Type of the Line gency Line gency Line gency	Haul-Off Workover Drilling ZH		
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: U8/15/2014 Tim Welch		
Title: Vice President-Land	Signature:		
New Operator's License No. 33999	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 Titgwater		
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. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a	bove 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.:		
Pato			
Date:	Date:		
DISTRICT EPR P	RODUCTION NOV 0 6 2014 UIC NOV 0 6 2014		
Mail to: Past Operator New Operator			

RECEIVED AUG 20 2014 KCC WICHITA

Side Two

Must Be Filed For All Wells

* Lease Name:_	BROWER		Location: 1	32 37WC	
Louis Hamo.			Location.		
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15189002290000	2740 FSL 2640F8L	2940 FWL 2640FEL	GAS	ACTIVE
		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			
		FSL/FNL			
		FSL/FNL			
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL			

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.

RECEIVED AUG 20 2014 KCC WICHITA

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 Name: XTO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350	CSec. 1Twp. 32S. R. 37East West			
Address 1: 210 FARR AVENUE, 3011E 2330				
	County: Stevens			
Address 2:				
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:			
Contact Person: BRENDA WALLER	T032S - R037W: SEC 001 SW4, S2 NW4, S2 NE4, SE4 (NENE)			
Phone: (405 319-3259	- (NWNE) (NENW) (NWNW)			
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			
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:				
City: State: Zip:+				
	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 clocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
KCC will be required to send this information to the surface	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ng fee, payable to the KCC, which is enclosed with this form.			
work i word wareage a fact and being original at \$20.00 Haridik				
If choosing the second option, submit payment of the \$30.00 handling				

Surface Owners KCC WICHITA

RECEIVED AUG 20 2014 KCC WICHITA

API#: <u>15189</u> 6	002290000	Lease Name: BROWER		Well # <u>1</u>
Owner Name:	BROWER, JOHN L 8	A DONNA M		
Address:	1545 ROAD X			
City:	MOSCOW	State: KS	Zip: 67952-5249	
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:	