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.: 202207			
Gas Gathering System:	Lease Name: KLEYSTEUBER			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	0 SE NE NW Sec 29 Twp. 26 R. 31W EXW			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T26S-R31W: SEC 29 ALL			
Entire Project: Yes No				
Number of Injection Wells **	County: FINNEY Production Zone(s): CHASE Injection Zone(s):			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE				
** Side Two Must Be Completed.				
Surface Pit Permit No.:	feet from N / S Line of Sectionfeet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KH			
Past Operator's License No. 32864	Contact Person: BRENDA WALLER			
•				
Past Operator's Name & Address: XTO ENERGY INC.	Phone:405-319-3259 Date08/15/2014 Signature:			
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102				
Title: Vice President-Land				
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:			
	Date: 08/15/2014			
Title: _REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fitgoates			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been			
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 a	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 pi			
Permit No.: Recommended action;	permitted by No.:			
Data	Date:			
Date:	Authorized Signature			
DISTRICT EPR 10-27-14	PRODUCTION OCT 2 8 2014 UIOCT 2 8 2014			
Mail to: Past Operator New Operator	or District			



Side Two

Must Be Filed For All Wells

KDOR Leas Lease Name	VI EVETELIBED		* Location: 29 26 31WNW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
1-29	15055001040000 🗸	990FNL	2310FWL	GAS	PR		
<u> </u>							
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSUFNL	FEL/FWL		-		
#-#		FSL/FNL	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	ATTA THE ATTA THE ATTA TO A TO A TO A TO A TO A TO A TO	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	-	FSUFNL	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
		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.

OPERATOR: License # 32864	Well Location:				
Name: XTO ENERGY INC.	0 SE NE NW Sec. 29 Twp.26 S. R. 31 East West				
Address 1: 210 PARK AVENUE, SUITE 2350	County:FINNEY				
Address 2:	Lease Name: KLEYSTEUBER Well #:1-29				
City: OKLAHOMA CITY State: OK Zip: 73102 +					
Contact Person: BRENDA WALLER	the lease below:				
Phone: (405 319-3259 Fax: ()	T26S-R31W: SEC 29 ALL				
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:	the state of the s				
	thodic Protection Borehole Intent), you must supply the surface owners and				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cat the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	thodic Protection Borehole Intent), you must supply the surface owners and 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. 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 m being filed is a Form C-1 or Form CB-1, the plat(s) required by this				
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KDOR #202207

API#:15055001040000

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Surface Owners

API#:	150550	001040000	Lease Name	: <u>Kl</u>	LEYSTEUBER			Well # <u>1-29</u>
Owne	r Name:	KLEYSTEUBER & G	ILLEN INC					
А	ddress:	13060 S COUNTY RO	OAD 20					
	City:	GARDEN CITY	Sta	ate:	KS	Zip:	67846	
0	Na							
	r Name:							
Α	ddress:							
	City:		Sta	ate:		Zip:		
Owne	r Name:							
Α	ddress:							
	City:		Sta	ate:		Zip:		
Owne	r Name:							
Α	ddress:							
	City:		Sta	ate:		Zip:		
Owne	r Name:							
А	ddress:							
	City:		Sta	ate:		Zip:		
Owne	r Name:							
А	ddress:							
	City:		Sta	ate:		Zip:		