

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 202210 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: KORFF Saltwater Disposal Well - Permit No.: ____ NE NE SE SE Sec. 34 Twp. 23 R. 37W EXW ______feet from N / S Line Legal Description of Lease: _____feet from E / W Line T23S-R37W: SEC 34 ALL Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells _ County: KEARNY Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: __ N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover スイ 32864 Past Operator's License No. **BRENDA WALLER** 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 New Operator's License No. 33999 NANCY FITZWATER 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:__ 08/15/2014 Date: Title: REGULATORY COMPLIANCE SUPERVISOR Signature: 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 ______ . Recommended action: _ permitted by No.: ____ Date: Date: Authorized Signature Authorized Signature MON 0 7 2014 DISTRICT ___

New Operator.

Mail to: Past Operator_

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Side Two

Must Be Filed For All Wells

* Lease Name:	KORFF	* Location: 34 23 37WSE			
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)
1I-34 (NPI)	15093209780000 /	1250FSL	100FEL	GAS	PR
		FSUFNL	FEUFWL		
					-
		FSL/FNL	FEL/FWL		
	VIII III III III III III III III III II	FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	·	FSUFNL	FEUFWL		
• • • • • • • • • • • • • • • • • • • •		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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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API#:15093209780000

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) 🗓 T-1 (Transfer)CP-1 (Plugging Application)			
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location: NE NE SE SE Sec. 34 Twp.23 S. R. 37 East West County:KEARNY			
Address 1: 210 PARK AVENUE, SUITE 2350				
Address 2:	Lease Name: KORFF Well #:1I-34 (NPI)			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (405 319-3259 Fax: ()	T23S-R37W: SEC 34 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 sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the recirds of the register of deeds for the			
Address 1:				
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City:++				
	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 eing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
Thave not provided this information to the surface owner(s). Lac	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this			
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	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.			
Date: 8/15/2014 Signature of Operator or Agent: Tim Welch	Title: Vice President-Land			

KDOR #202210

Surface Owners

API#: 15093209780000		Lease Name: KORFF		Well # <u>11-34 (NPI)</u>					
Owner Name:	E: BEYMER & BEYMER INC								
Address:	PO BOX 363								
City:	LAKIN	State: KS	Zip: 67860						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
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City:		State:	Zip:						
Owner Name:									
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City:		State:	7in:						