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:	need with this form.		
Oil Lease: No. of Oil Wells***	Effective Date of Transfer: 8/15/2014		
Gas Lease: No. of Gas Wells***	KS Dept of Revenue Lease No.: 221939		
Gas Gathering System:	Lease Name: L G BLACKMER		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	h h		
feet from E / W Line	Legal Description of Lease: T035S - R036W: SEC 008 N2, SE4, SW4		
Enhanced Recovery Project Permit No.:	10355 - R036W: SEC 006 N2, SE4, SW4		
Entire Project: Yes No			
Number of Injection Wells ***	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Sectionfeet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA		
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: 08/15/2014		
Title: Vice President-Land	Signature:		
New Operator's License No	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		
	0014510044		
Title: _REGULATORY COMPLIANCE SUPERVISOR	Date: U8/15/2014 Signature: Nancy Titzwater		
Acknowledgment of Transfer: The above request for transfer of injection	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	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.:		
Date:	Date:		
Date:	, Authorized Signature		
DISTRICT EPR 10-27-14 Mail to: Past Operator New Operator	PRODUCTION OCT 2 8 2014 UIC OCT 2 8 2014 District		

Side Two

Must Be Filed For All Wells

* Lease Name: L G BLACKMER		* Location: 8 35 36WSW			
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/Ta'D/Abandoned)
23 INF	15189221740000 🗸	1250FSL	FWL 1250FEL	н	ACTIVE
			FEL/FWL	MOTO AND ADDRESS OF THE PARTY O	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
MANALLAN ALLAN ALL		FSL/FNL	FEL/FWL		
Alexandra de la constantina della constantina de		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	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.

API#:15189221740000

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed Alf 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:				
Address 2:	Lease Name: L G BLACKMER Well #:23 INF				
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: ()	T035S - R036W: SEC 008 N2, SE4, SW4				
Email Address: BRENDA_WALLER@XTOENERGY.COM					
Surface Owner Information: Name: See Attached Address 1:	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 records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat				
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loc 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	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				
I have not provided this information to the surface owner(s). Lac KCC will be required to send this information to the surface own task, Lacknowledge that Lam being charged a \$30.00 handling f	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this ee, 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 CP-1					
I hereby certify that the statements made herein are true and correct to t	he best of my knowledge and belief.				
Date: Signature of Operator or Agent: Welch	Title: Vice President-Land				

KDOR #221939

Surface Owners

API#: 15189221740000		Lease Name: L G BLAC	Well # 23 INF	
Owner Name:	VOILES, JD & ESTH	ER FAMTR		
Address:	% MARTINS, ZELLA		PO BOX 430	
City:	HOOKER	State: OK	Zip: 73945-0430	
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:	