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 subm	itted with this form.			
Oil Lease: No. of Oil Wetls**	Effective Date of Transfer: 8/15/2014			
X Gas Lease: No. of Gas Wells***	KS Dept of Revenue Lease No.: 208453 ✓			
Gas Gathering System:	Lease Name: LAMBERT			
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 - R036W: SEC 008 SE4, SW4, N2			
Entire Project: Yes No				
Number of Injection Wells **	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE			
** 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)	formers between the control of the c			
Type of Pit: Emergency Burn Settling	—————————————————————————————————————			
1				
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: Tim Welch			
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			
	00/45/0044			
Title: REGULATORY COMPLIANCE SUPERVISOR	Date: U8/15/2014 Signature: Nancy Tugwater			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
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.:			
D.L.				
Date:	Date:			
	PRODUCTION OCT 2 8 2014 UIC OCT 2 8 2014			
Mail to: Past Operator New Operat	4.			

Side Two

Must Be Filed For All Wells

Lease Name	LAMBERT	* Location: 8 32 36WNW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/NJ/WSW)	Well Status (PROD/TA'D/Abandoned)
12	15189203710000 🗸	1250FNL	1250FWL	GAS	ACTIVE
A		to the same of the	-	***************************************	
		FSL/FNL	FEUFWL		
		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		
		FSUFNL	FEL/FWL		
The state of the s	-	F-01 (***)			
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		w.w.
		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.

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.

20004					
OPERATOR: License # 32864	Well Location:				
Name: XTO ENERGY INC.					
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens				
Address 2:	Lease Name: Well #:12				
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description				
Contact Person: BRENDA WALLER	the lease below: T032S - R036W: SEC 008 SE4, SW4, N2				
Phone: (405 319-3259 Fax: ()	· ·				
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:					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca	athodic 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 (Cathe KCC with a plat showing the predicted locations of lease roads,					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following: X 1 certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will.	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The control of the Form C-1 plat is a separate plat may be submitted. The control of the Form C-1 plat is a separate plat may be submitted. The control of the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this				
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API#:15189203710000

KDOR #208453

Surface Owners

API#: <u>1518</u>	9203710000	Lease Name: _LAMBERT		Well # <u>12</u>
Owner Nam	e: HARRIS, MARILYI	NI ETAI		
		NECIAL		
Address	: PO BOX 61			
City	: HUGOTON	State: KS	Zip: 67951-0061	
Owner Name	e:			
Address	:			
City	:	State:	Zip:	
Owner Name	e:			
Address	:			
City	:	State:	Zip:	
Owner Name	e:			
Address	:			
City	:	State:	Zip:	
Owner Name	e:			
Address	;			
City	:	State:	Zip:	
Owner Name	۵۰			
Address	:			
City	:	State:	Zip:	