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:	1			
Oil Lease: No. of Oil Wells**	Effective Date of Transler: 8/15/2014			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 202404			
Gas Gathering System:	Lease Name: LAYMAN			
Saltwater Disposal Well - Permit No.:	0 0 0 C Sec. 24 Twp. 24 R. 34W EXW			
Spot Location:feet from N / S Line	Legal Description of Lease:			
feet from E /W Line	T24S-R34W: SEC 24 ALL			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No				
Number of Injection Wells **	County: FINNEY			
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 Section teet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling 🙏			
Past Operator's License No. 32864 \(\square\)	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	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:			
	00/45/0044			
	Date: 08/15/2014			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titywater			
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 C	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 pit			
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
(1) 27 (1)	PRODUCTION OCT 2 8 2014 UIC OCT 2 8 2014			
Mail to: Past Operator New Operato	1,000			

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Side Two

Must Be Filed For All Wells

Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
GAS	
	PR

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#:15055004870000

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 (Ca	athodic Protection Borehole Intent) X I-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 32864 Name:XTO ENERGY INC.	Well Lecation: 0				
Address 1: 210 PARK AVENUE, SUITE 2350	County-FINNEY				
Address 2:	Lease Name: LAYMAN Well #:2-24				
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: ()	T24S-R34W: SEC 24 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:	county, and in the real estate property tax records of the county treasurer.				
City:+					
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I act KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling for the second option, submit payment of the \$30.00 handling for the second option.	batteries, pipelines, and electrical lines. The locations shown on the plat 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 d email address. It is a form C-1 or Form CB-1, the plat(s) required by this demail address. It is a form C-1 or Form CB-1, the plat(s) required by this ere(s). To mitigate the additional cost of the KCC performing this ee, payable to the KCC, which is enclosed with this form.				
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	will be returned.				
Date: 8/15/2014 Signature of Operator or Agent: Tim Welch	Title: Vice President-Land				
Orginature of Operation of Agent.	TRUE.				

KDOR #202404

Surface Owners

API#: 150550	Lease Name: <u>LAYMAN</u>				Well # <u>2-24</u>	
Owner Name:	GROSS, EUGENE LE					
Address:	15 S HOLCOMB LN					
City:	HOLCOMB	Sta	ate:	KS	Zip: 67851	
Owner Name:						
Address:						
City:		Sta	ate:		Zip:	
Owner Name:						
Address:						
City:		St	ate:		Zip:	
Owner Name:						
Address:						
City:		St	ate:		Zip:	
Owner Name:						
Address:						
City:		St	ate:		Zip:	
Owner Name:						
Address:						
City:		St	ate:		Zip:	