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:	tted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014 KS Dept of Revenue Lease No.: 202424 Lease Name: LEE		
Gas Lease: No. of Gas Wells			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	0 SE NE SW Sec. 1 Twp. 26 R. 37W EXW		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T26S-R37W: SEC 1 ALL		
Entire Project: Yes No			
Number of Injection Wells ***	County: KEARNY		
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	Hauf-Off Workover Drilling		
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	00/45/0044		
Title: Vice President-Land	Date:		
New Operator's License No339994	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:		
	0014 51004 4		
Title: _REGULATORY COMPLIANCE SUPERVISOR	Date: U8/15/2014 Signature: Nancy Titavator		
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
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:		
Authorized Signature	Authorized Signature		
	PRODUCTION NOV 0 7 2014 UIC NOV 0 7 2014 District		

Side Two

Must Be Filed For All Wells

Lease Name	LEE	* Location: 1 26 37WSW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
18-1	15093005380000 /	3393FNL	2436FWL	GAS	PR
			FEL/FWL		
				40.	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		MATERIAL TO THE PARTY OF THE PA
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
	•	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
West and the second sec		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.

OPERATOR: License # 32864	Well Location:			
Name: XTO ENERGY INC.	well cocation: 0 SE NE SW Sec. 1 Twp.26 S. R. 37 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County-KEARNY			
Address 2:	. ==			
City: OKLAHOMA CITY State: OK Zip: 73102 +				
Contact Person: BRENDA WALLER	the lease below: T26S-R37W: SEC 1 ALL			
Phone: (405 319-3259 Fax: ()				
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:				
Name: See Attached	When filling a Form T-1 involving multiple surface owners, attach an additional			
Address 1:	shoot listing all at the information to the left for each system assume. Contains			
Address 2:				
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,	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat			
the KCC with a plat showing the predicted locations of lease roads,	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, are preliminary non-binding estimates. The locations may be entered Select one of the following: X	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. Ce Act (House Bill 2032), I have provided the following to 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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Surface Owners

API#: <u>150930</u>	005380000	Lease Name: LEE		Well # <u>18-1</u>	
Owner Name:	BERLIER RANCH LI	_C ETAL			
Address:	241 ROAD T				
City:	LAKIN	State: KS	Zip: 67860		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:		Charles			
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
,					
Owner Name:					
Address:					
City:		State:	Zip:		