RECEIVED AUG 20 2014 KCC WICHITA

Date:

DISTRICT ___

Mail to: Past Operator_

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: Oil Lease: No. of Oil Wells ___ Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Gas Gathering System:___ Lease Name: _ LEE Saltwater Disposal Well - Permit No.: ____ NW SE NW NW Sec 5 Two 26 H. 36W ___ feet from N / S Line Legal Description of Lease _____feet from E / W Line T26S-R36W: SEC 5 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 _ feet from (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Drilling Workover KY Past Operator's License No. 32864 **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 Signature: New Operator's License No. 33999 NANCY FITZWATER Contact Person: _ New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser:_ 08/15/2014 Nancy Fitzwater Title: REGULATORY COMPLIANCE SUPERVISOR 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.: ___

New Operator

PRODUCTION _

Authorized Signature



Side Two

Must Be Filed For All Wells

* Lease Name:	LEE	* Location: 5 26 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/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
25-5	15093005060000 /	6190FSL	4650FEL	GAS	PR	
			EEI ÆWA			
	W-1949					
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	William Control of the Control of th	4	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSU/FNL	FEL/FWL			
	***************************************	FSL/FNL	FEL/FWL		***************************************	
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL		-	
		FSL/FNL	FEL/FWL			
None to the second seco		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#:15093005060000

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	Cathodic Protection Borehole Intent)				
OPERATOR: License # 32864	Well Location:				
Name: XTO ENERGY INC.	NW SE NW NW Sec. 5 Twp. 26 S. R. 36 East West				
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY				
Address 2:	Lease Name: Well #:25-5				
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Phone: (405 319-3259 Fax: ()	T26S-R36W: SEC 5 ALL				
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:	 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:++					
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following: X 1 certify that, pursuant to the Kansas Surface Owner Notice A.	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.				
owner(s) of the land upon which the subject well is or will be lo	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				
	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, 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-	fee 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: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land				
	/ W V				

KDOR #202531

Surface Owners

API#: 150930	05060000	Lease Name: <u>LEE</u>		Well # <u>25-5</u>	_				
Owner Name: RITSEMA, FRED M TRUST AND RODEHUIS, YOKA A TRUST									
Address:	PO BOX 389								
City:	LAKIN	State: KS	Zip: 67860						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:		64-4-	 -						
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						
J.5 , .									
Owner Name:									
Address:									
Citv:		State:	7in:						