Authorized Signature

RECEIVED AUG 20 2014 KCC WICHITA

\_\_\_\_\_\_ . Recommended action:

Authorized Signature

Date:

## 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 \_\_\_ 214903 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: \_ LEE Saltwater Disposal Well - Permit No.: NE NE SW. SW Sec. 20 Twp. 25 R. 36W EXW \_\_ feet from N / S Line Legal Description of Lease: \_\_\_\_\_feet from E / W Line T25S-R36W: SEC 20 ALL Enhanced Recovery Project Permit No.: 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.: \_\_\_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) ☐ E / ☐ W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling 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 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser:\_ 08/15/2014 Date:\_ 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

DISTRICT EPR //-7-/4 PRODUCTION NOV 0 7 2014 UIC NOV 0 7 2014

Mail to: Past Operator District

permitted by No.: \_\_



#### Side Two

#### Must Be Filed For All Wells

* Lease Name: LEE		* Location: 20 25 36WSW				
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)	
41-20	15093208890000 /	1256FSL	4024FEL	GAS	PR	
			FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEL/FWL			
	Land to the state of the state	FSL/FNL	FEL/FWL			
	* **	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
344	***************************************	FSL/FNL	FEL/FWL			
			•			
		FSL/FNL	FEL/FWL			

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

RECEIVED AUG 20 2014 KCC WICHITA

API#:15093208890000

## 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:			
VTO ENERGY ING				
Name: XTO ENERGY INC.		20 Twp. 25 S. R. 36 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY			
Address 2:	Lease Name: LEE	Well #:41-20		
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T25S-R36W: SEC 20 ALL			
Contact Person: BRENDA WALLER				
Phone: ( 405 319-3259 Fax: ( )				
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:		A 10 10 10 10 10 10 10 10 10 10 10 10 10		
Name: See Attached	When filing a Form T-1 invol	ving multiple surface owners, attach an additional		
Address 1:	<ul> <li>sheet listing all of the inform</li> </ul>	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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.			
City:				
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 or Select one of the following:	hatteries ninelines and elec-	trical 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 loce 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 acknowledge that I am being charged a \$30.00 handling	cated: 1) a copy of the Form eing filed is a Form C-1 or Fo nd email address. Cknowledge that, because I h ner(s). To mitigate the additi	orm CB-1, Form CB-1, Form T-1, or Form orm CB-1, the plat(s) required by this lave not provided this information, the local cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee i I will be returned.	is not received with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge an	nd belief.		
Date: 8/15/2014 Signature of Operator or Agent: Tim Welch				

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KDOR #214903

### RECEIVED AUG 20 2014 KCC WICHITA

### **Surface Owners**

API#: 150932	208890000	Lease Name: <u>LEE</u>		Well # <u>4l-20</u>	
Owner Name:	WAGON MOUND RA	NCH LLC ETAL			
Address:	6001 DURRETT DR				
City:	AMARILLO	State: TX	Zip: 79124		
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:	7in:		