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: MUST be submit	tted with this form.				
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014				
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 202411				
Gas Gathering System:	Lease Name: LEE				
Saltwater Disposal Well - Permit No.:					
Spot Location:feet from N / S Line	0 <u>E2 E2 W2 Sec. 28 Twp. 25 A. 36W</u> EX				
feet from E / W Line	Legal Description of Lease:				
Enhanced Recovery Project Permit No.:	T25S-R36W: SEC 28 ALL				
Entire Project: Yes No					
Number of Injection Wells **	County: KEARNY				
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE				
** Side Two Must Be Completed.	Injection Zone(s):				
Surface Pit Permit No.:	foot from [] N / [] C Line of Continu				
(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section				
T (D)	teet fromE /W Line of Section				
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling K4				
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	Tim Walah				
Title:	Signature:				
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				
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fligurator				
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been				
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				
Permit No.: Recommended action:	permitted by No.;				
Date:	Date:				
	1				
DISTRICT EPR New Operator New Operator	PRODUCTION HOTO TO THE CONTRACT OF THE CONTRAC				

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Side Two

Must Be Filed For All Wells

* Lease Name: LEE			* Location: 28 25 36WW2			
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
5-2-28	15093202190000 /	2640FNL	2440FWL	GAS	PR	
				-		
				<u> </u>		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		**	
		FSL/FNL	FEL/FWL	Marin A		
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	***************************************	FSL/FNL	FEUFWL			

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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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	Mall to a serious
Name: XTO ENERGY INC.	Well Location: 0
Address 1. 210 PARK AVENUE, SUITE 2350	A VEADAV
Address 2:	Lease Name: LEE Well #:5-2-28
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	the lease below:
Phone: (405 319-3259 Fax: ()	T25S-R36W: SEC 28 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:	
Address 2:	on or short maken can be readed in the records of the register of treets for the
If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease road.	Cathodic 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 the KCC with a plat showing the predicted locations of lease road	
If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entitled to be subject one of the following: X	(Cathodic Protection Borehole Intent), you must supply the surface owners and ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat tered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. otice Act (House Bill 2032), I have provided the following to the surface fill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the 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#: 15093	202190000	Lease Name: LEE		Well # <u>5-2-28</u>
Owner Name:	BOEGEL FARMS LL	.c		
Address:	PO BOX 273			
City:	LAKIN	State: KS	Zip: 67860	
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:	Zip:	