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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:	ttea 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.: 208455 Lease Name: LEE FARM SW Sec. 28 Twp. 26 R. 36W E XW		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	kyppyced kradense		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T026S - R036W: SEC 028 All		
Entire Project: Yes No			
Number of Injection Wells **	County: Kearny Production Zone(s): COUNCIL GROVE Injection Zone(s):		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.			
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	Haul-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		
	Date: U8/13/2014 Tim Welch		
Title: Vice President-Land	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	F (10) IC.		
000 Havis Street, Suite 3100 Houston, 17 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
	Date: 08/15/2014		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tuzwater		
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:		
Date:	Authorized Signature		
DISTRICT EPR	PRODUCTION NOV 0 7 2014 UIC NOV 0 7 2014		
Mail to: Past Operator New Operat			

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Side Two

Must Be Filed For All Wells

*Lease Name:	LEE FARM		* Location: 28 26 36WSW			
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)	
23	15093200950000	1250FSL	1250FEL	GAS	ACTIVE	
		MANAGEM MANAGEMENT AND	NAMES AND ADDRESS OF THE ADDRESS OF		-	
		FSL/FNL	FEU/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	When the same and	FSL/FNL	FEL/FWL			
	E-0/3 V-1/4 (Albania Albania Albania)	FSL/FNL	FEL/FWL			
·		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
<u> </u>		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL				

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	Malldanes			
Name: XTO ENERGY INC.	Well Location: 			
Address 1. 210 PARK AVENUE SUITE 2350	o Konrou			
Address 2:	Lease Name: LEE FARM Well #:23			
City: OKLAHOMA CITY State: OK Zip: 73102 +				
Contact Person: BRENDA WALLER	the lease below;			
Phone: (405 319-3259 Fax: ()	T026S - R036W: SEC 028 AII			
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:				
Name: See Attached	Milhon filing a Form T4 involving models.			
Address 1:	sheet listing all of the information to the left for each surface owner. Surface			
Address 2:	onto the matter out to the first the records of the register of deeds for the			
City: State: Zip: + If this form is being submitted with a Form C-1 (Intent) or CB-1 (C.	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 (C. 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 (Counter the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entent Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat ed 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 orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
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Surface Owners

API#: _150932	200950000 L	ease Name: <u>LEE_FAR</u>	RM	Well # <u>23</u>
Owner Name:	GUGELMEYER, CARY	N JEAN & DAVID JON TF	RUST	
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:				
City:		State:	Zip:	
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City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	