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	itted with this form.			
Oil Lease: No. of Oil Wells***	Effective Date of Transfer:			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 202455			
Gas Gathering System:	Lease Name: _LEONARD			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	Automit tummet			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T030S - R033W: SEC 013 SW4, NE4, NW4, SE4			
Entire Project: Yes No				
Number of Injection Wells ***	County: Haskell			
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. it Drill Pit, WO or Haul)	teet from E / W Line of Section			
Type of Pit: Emergency Burn Settling				
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	Signature:			
New Operator's License No	Contact Person: NANCY FITZWATER			
New Operator's Name & Address: LINN OPERATING, INC.	204 040 4000			
	FRONC.			
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES			
	Date: 08/15/2014			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Trizvator			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
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.:			
· //sockime/rada dolleri				
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR	PRODUCTION NOV 0 7 2014 UIC NOV 0 7 2014			
	tor District			

Side Two

Must Be Filed For All Wells

*Lease Name	LEONARD		* Location: 13	30 33WSW	
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
1	15081005030000 /	2540 FSL 2640FSL	2540 FÉL 2640FEL	GAS	ACTIVE
-			FEL/FWL		
	· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL		D
		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
The state of the s		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.

API#:15081005030000

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) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 32864	Well Location:				
Name: XTO ENERGY INC.					
Address 1: 210 PARK AVENUE, SUITE 2350	County:Haskell				
Address 2:	Lease Name: LEONARD Well #:1				
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: BRENDA WALLER	the lease below:				
Phone: (405 319-3259 Fax: ()	T030S - R033W: SEC 013 SW4, NE4, NW4, SE4				
Email Address: BRENDA_WALLER@XTOENERGY.COM					
Surface Owner Information: Name: See Attached					
Name: See Attached Address 1:	When filing a Form T-1 involving multiple surface owners, attach an additional 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: State: Zip:+					
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 I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be location CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). Lac	cated: 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 end email address. cknowledge that, because I have not provided this information, the ener(s). To mitigate the additional cost of the KCC performing this				
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-1. I hereby certify that the statements made herein are true and correct to					
Date: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land				

KDOR #202455

Surface Owners

API#: <u>15081005030000</u>		Lease Name: <u>LEONARD</u>	Well # <u>1</u>	Well # 1	
Owner Name:	LEONARD FAMILY	FARMS LLC			
Address:	2252 ROAD OO				
City:	SUBLETTE	State: KS	Zip: 67877		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
					V + W1
Owner Name:					
Address:					
City:		State:	Zip:		
0					
Owner Name:					
Address:		CA-A-	71		
City:		State:	Zip:		