081514_Buckley_1_2INF.pdf

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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: MUST be submitt	led with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 222043			
Gas Gathering System:	Lease Name: BUCKLEY ON			
Saltwater Disposal Well - Permit No.:	10、10、10、10、10、10、10、10、10、10、10、10、10、1			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T035S - R036W: SEC 011 SW4, NW4, E2			
Entire Project: Yes No				
Number of Injection Wells***	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section			
	feet from LE / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
Past Operator's License No	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. ON dah			
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: ONEOK FIELD SERVICES			
	Date: 08/15/2014			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titywater			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been			
noted, approved and duly recorded in the records of the Kansas Corporation C				
Commission records only and does not convey any ownership interest in the al				
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.:	permitted by No.:			
Date to the second seco				
Date:	Date:			
DISTRICT EPR _/2 - 4-/4 P	RODUCTION DEC 0 5 2014 UICDEC 0 5 7014			
Mail to: Past Operator New Operator				

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Side Two

Must Be Filed For All Wells

* Lease Name:	BUCKLEY ON			Location: 1	1 35 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)	
12 INF	15189221980000 /		115FNL*	1970FWL		ACTIVE	
			FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
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		····	FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
		<u>.</u>	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#:15189221980000

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 #	_ Well Location:			
Name: XTO ENERGY INC.	NW Sec. 11 Twp.35 S. R. 36 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens			
Address 2:	BUALL BY AN			
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description or			
Contact Person: BRENDA WALLER	the lease below: T035S - R036W: SEC 011 SW4, NW4, E2			
Phone: (405 319-3259 Fax: ()				
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 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 county, and in the real estate property tax records of the county treasurer.			
Address 1:				
Address 2:				
City: State: 7in: ±				
City:	-			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cat the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following: X certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form to being filed is a Form C-1 or Form CB-1, the plat(s) required by this, and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this			
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KDOR #222043

Surface Owners KCC WICHITA

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AUG 20 2014
KCC WICHITA

API#: 151892	21980000	Lease Name: BUCKLEY ON		_ Well # <u>12 INF</u>
Owner Name:	CASEBEER, DARWII	N & LINDA		
Address:	2599 ROAD H			
City:	HUGOTON	State: KS	Zip: 67951-5191	
Owner Name:				
Address:				
City:		State:	Zip:	
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
Owner Name:				
Address:				
City:		State:	Zip:	
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Owner Name:	8			
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	