081514 CH Wheeler 1.pdf

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Mail to: Past Operator _

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

st 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: 8/15/2014 Effective Date of Transfer: Oil Lease: No. of Oil Wells 204298 KS Dept of Revenue Lease No .: _ Gas Lease: No. of Gas Wells_ Lease Name: _C H WHEELER Gas Gathering System: Saltwater Disposal Well - Permit No.: ___ _____feet from N/S Line Legal Description of Lease: _ feet from 🔲 E / 🗌 W Line T034S - R036W: SEC 011 N2, S2 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Stevens Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):__ ** Side Two Must Be Completed. Injection Zone(s):_ N / S Line of Section Surface Pit Permit No.: _ (API No. If Drill Pit, WO or Haul) W Line of Section ZH. Drilling Haul-Off Workover Burn Settling Type of Pit: Emergency **BRENDA WALLER** Past Operator's License No. 32864 -Contact Person: __ Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 08/15/2014 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 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 Oil / Gas Purchaser: ONEOK FIELD SERVICES 600 Travis Street, Suite 5100 Houston, TX 77002 08/15/2014 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: _ . Recommended action: Date: Authorized Signature Authorized Signature DISTRICT _ **New Operator**

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Side Two

Must Be Filed For All Wells

Lease Name:	C H WHEELER		* Location: 11 34 36WSW		
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Footage from Section Line (i.e. FSL = Feet from South Line)		. Well Status (PROD/TA'D/Abandoned)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15189005520000	2310FSL	2970FEL	GAS	ACTIVE
				10 月 5 克 15 東灘。 1 <u>月 2 日 1 日 1 日</u>	
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNI	FEL/FWL		
<u> </u>	'	FSL/FNI	FEL/FWL		
		FSL/FNI	FEL/FWL		
		FSL/FN	LFEL/FWL		
		FSL/FNI	LFEL/FWL		
		FSL/FN	LFEL/FWI		
		FSL/FN	LFEL/FWI	om telligi olik digasa. Notabila dan k	
1 <u>1144</u> #		FSL/FN	LFEL/FWI		

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.

32864	Well Location:		
DPERATOR: License #32864 Name:XTO ENERGY INC.	SW Sec. 11 Twp.34 S. R. 36 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County-Stevens		
ddress 2: ity: OKLAHOMA CITY State: OK Zip: 73102 +			
ontact Person: BRENDA WALLER			
hone: (\$19-3259 Fax: ()	T034S - R036W: SEC 011 N2, S2		
mail Address: BRENDA_WALLER@XTOENERGY.COM			
Surface Owner Information:	ti la subser aumans attach an additions		
Name: See Attached	sheet listing all of the information to the left for each surface of the contact		
Address 1:	owner information can be found in the records of the register or deeds for the		
ddress 2:	- County with the second of th		
City: State: Zip:+ 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 roans crollingary non-binding estimates. The locations may be en	(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 rotate preliminary non-binding estimates. The locations may be en Select one of the following: X I certify that, pursuant to the Kansas Surface Owner I owner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone numbers.	(Cathodic Protection Borehole Intent), you must supply the surface owners and ads, tank batteries, pipelines, and electrical lines. The locations shown on the plat intered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form he form being filed is a Form C-1 or Form CB-1, the plat(s) required by this er, fax, and email address.		
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Surface Owners KCC WICHITA

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API#: 15189005520000	Lease Name: C H WHEELER	Well # <u>1</u>
API#		
Owner Name: WHEELER INV	ESTMENTS LP	
Address: 2044 ROAD H		
City: HUGOTON	State: KS Zip: 6	7951-5184
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:	

Well # 1