### 081514\_CL\_Grigsby\_Estate\_3.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,

Check Applicable Boxes: MUST be submit	ted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 207341		
Gas Gathering System:	Lease Name: C L GRIGSBY ESTATE		
Saltwater Disposal Well - Permit No.:	NW_Sec. 4 Twp. 31 R. 36W [ E X W		
Spot Location: feet from N / S Line	Legal Description of Lease:		
feet from E / W Line	T034S - R039W: SEC 010 SE4 SEC 011 NE4, SE4 SEC 015		
Enhanced Recovery Project Permit No.:	NE4		
Entire Project: Yes No	[1] 温春斯金雀品 多生素医物 医乙二醇二二醇		
Number of Injection Wells***	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. If Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling LU		
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		
	Tim Welch		
Title: Vice President-Land	Signature:		
New Operator's License No. 33999 /	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: WGP-KHC LLC		
	Date: 08/15/2014		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fitgerator		
Title: REGULATORY COMPLIANCE SUPERVISOR			
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			
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 pi		
	permitted by No.:		
Permit No.: Recommended action:			
	Date:		
Date:	Authorized Signature 111		
DISTRICT EPR _/2 -4-/4	PRODUCTION DEC 0 5 2014 UIC UIC		
Mail to: Past Operator New Operator	atorDistrict		

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# Side Two Must Be Filed For All Wells

' Lease Name	C L GRIGSBY ESTATE		* Location: 4 31 36WNW			
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)	
3	15189202800000 /	4099FSL	4013FEL-	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL				
		FSL/FNL				
		FSL/FNL				
		FSL/FNL				
		FSL/FNL				
		FSL/FNL				
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNI	FEL/FWL			
		FSL/FNI				
		FSL/FNI				
		FSL/FN				
		FSL/FN	LFEL/FWL			

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

Select the corresponding form being filed: C-1 (Intent)	CB-1 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)
OPERATOR: License #32864 Name: XTO ENERGY INC.	NW Sec. 4 Twp. 31 S. R. 36 East West
Address 1: 210 PARK AVENUE, SUITE 2350	County-Stevens
Address 2:	Lease Name: C L GRIGSBY ESTATE Well #:3
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: BRENDA WALLER	
Phone: ( 405 319-3259 Fax: ( )	
Email Address: BRENDA_WALLER@XTOENERGY.COM	
Surface Owner Information:           Name:         See Attached           Address 1:	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.
the VCC with a plat chausing the predicted locations of lease I	8-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
(a) of the land upon which the cubicct well is	r Notice Act (House Bill 2032), I have provided the following to the surface or will 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 liber, fax, and email address.
VCC will be required to send this information to the	rner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this 0 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 form and the associated Form C-1, Form CB-1, Form T-1, or	O handling fee with this form. If the fee is not received with this form, the KSONA-1 Form CP-1 will be returned.
I hereby certify that the statements made herein are true and	i correct to the best of my knowledge and belief.
Date: 8/15/2014 Signature of Operator or Agent: 9	Titte: Vice President-Land
API # :15189202800000 KDOF	t #207341

### Surface Owners KCC WICHITA

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API#: 151892	202800000	Lease Name: C L GRIGSB	Y ESTATE	Well # 3	
Owner Name:	CULLISON, J I LIV T	R ETAL			
Address:	PO BOX 367				
City:	SATANTA	State: KS	Zip: 67870		
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:		