081514_Campbell_1A.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	tted 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.: 200825 /
Gas Gathering System:	Lease Name: CAMPBELL
Saltwater Disposal Well - Permit No.:	Any 40 22 25W
Spot Location: feet from N / S Line	
feet from DE / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T033S - R035W: SEC 013 All
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.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	
	Haul-Off Workover Drilling KA
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: Tim Welch
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:
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titgwater
Acknowledgment of Transfer: The above request for transfer of injection a	
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	bove 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.:
Herean American Ameri	
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR/2-4-/4P	PRODUCTION UIC DEC 0 5 2014 UIC DEC 0 5 2014
Mail to: Past Operator New Operato	r District

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Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 200825				
* Lease Name:	CAMPBELL		* Location: 13	3 33 35WNW	
Well No.	API No. (YR DRLD/PRE '67)	Footage from $(i.e. FSL = Feet form)$	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1A	15189003360000	2970FSL	2970FEL	GAS	ACTIVE
				#[]	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
<u>. militari</u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	4) 4	
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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		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		
			I harted 2 V 5 ha		Telegraphy (1997)

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#:15189003360000

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.

	1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 32864	Well Location:
Name: XTO ENERGY INC.	NW Sec. 13 Twp.33 S. R. 35 East West
Address 1: 210 PARK AVENUE, SUITE 2350	
Address 2:	CAMPDELL
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	the lease below:
Phone: (405 319-3259 Fax: ()	T033S - R035W: SEC 013 All
Email Address: BRENDA_WALLER@XTOENERGY.COM	-
Surface Owner Information: Name: See Attached Address 1: Address 2:	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
City:	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cati the KCC with a plat showing the predicted locations of lease roads, ta	nodic 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.
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cati 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	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
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KDOR #200825

Surface Owners

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API#: <u>151890</u>	003360000	Lease Name: <u>CAMPBELL</u>		Well # <u>1A</u>	
Owner Name:	CAMPBELL, TERRY	& CAROL			
Address:	1354 ROAD 27				
City:	HUGOTON	State: KS	Zip: 67951-5149		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address: City:		State	7:m.		
City.		State:	Zip:		
Owner Name:					
Address:					
City:		State	7in:		