RECEIVED AUG 20 2014 **KCC WICHITA**

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 MUST be submittee	
check Applicable Boxes: Oil Lease: No. of Oil Wells***	Effective Date of Transfer: 8/15/2014
X Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 200734
Gas Gathering System:	Lease Name: CANARY
Saltwater Disposal Well - Permit No.:	NE Sec. 10 Twp. 27 R. 37W EXW
Spot Location: feet from N / S Line	经基金 医皮肤 医多氏性 医多氏性 医多种性 经基本 计算量 医
Spot Locasion: feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T027S - R037W: SEC 010 NE4, SE4, W2
Entire Project: Yes No	County: Grant
Number of Injection Wells**	Production Zone(s): CHASE
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	
** Side Two Must Be Completed.	Injection Zone(s):
	feet from N / S Line of Section
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section
	Deilling () A
Type of Pit: Emergency Burn Settling	FREE CO.
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
	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
New Operator's Name & Addless.	Oil / Gas Purchaser: ONEOK FIELD SERVICES
600 Travis Street, Suite 5100 Houston, TX 77002	00/45/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Trigoator
골스병속표 전환분뿐인 인원원 관료활성 <u>관원 입율으로 때문</u> 된	
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 realisate
Commission records only and does not convey any ownership interest in the	above injection well(s) or pit permit.
Online State Control of the Control	
is acknowledged as	is acknowledged as
	the new operator of the above named lease containing the surface pi
the new operator and may continue to inject fluids as authorized by	permitted by No.:
Permit No.: Recommended action:	pennicular de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya della companya de la companya della companya della companya del
Date:	Date:Authorized Signature
11-10-14	PRODUCTION NOV 1 9 2014 NOV 1 9 2014
DISTRICT EPR New Operator	PAY 2.35.2

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Side Two

Must Be Filed For All Wells

KDOR Lease		10 27 37WNE					
Lease Name:	CANARY		*Location: 10 27 37 WHE				
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)		
1	15067003190000 /	2440FNL	2440FEL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	i di kaliban di kaliba Kaliban di kaliban di k	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/FNL	FEL/FWL				
		FSL/FNI	FEL/FWL				
		FSL/FNI	FEL/FWL				
		FSL/FNI	FEL/FWL				
<u> </u>		FSL/FNI	FEL/FWL				
		FSL/FN	FEL/FWL				
		FSL/FN	L FEL/FWI				
		FSL/FN	LFEL/FWI				
		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.

OPERATOR: License # 32864	Well Location:
Name: XTO ENERGY INC.	NE Sec. 10 Twp. 27 S. R. 37 East West
Address 1: 210 PARK AVENUE, SUITE 2350	County: Grant Lease Name: CANARY Well #:1
Address 2:	
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: BRENDA WALLER	T027S - R037W: SEC 010 NE4, SE4, W2
Phone: (405 319-3259	
Email Address: BRENDA_WALLER@XTOENERGY.COM	
Surface Owner Information:	
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additiona sheet listing all of the information to the left for each surface owner. Surface
Address 1:	owner information can be found in the records of the register or deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
	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 (C the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enter	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 (Country the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested one of the following: X Certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number,	Cathodic Protection Borehole Intent), you must supply the surface owners and stank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Itice Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cithe KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested to be of the following: X I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, that I have not provided this information to the surface owner(s KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 harms.	Cathodic Protection Borehole Intent), you must supply the surface owners and stank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted tice Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. S). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this inding fee, payable to the KCC, which is enclosed with this form.
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Surface Owners

API#: 150670	003190000 Leas	e Name: <u>CANARY</u>		Well # <u>1</u>	
		22.4			
Owner Name:	SIEBERT, JAKE L & CYNT	THIA			
Address:	1073 E RD 5				
City:	ULYSSES	State: KS	Zip: 67880		
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:		