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 the Kansas Surface Owner Notification Act,

Gil Leess: No. of Gil Wells 1	Check Applicable Boxes: MUST be submitted	\$100 mm (1997) \$10 mm (1997)
Case Case No. of Gas Wells Gas Case No. Gas C	Oil Lease: No. of Oil Wells***	Effective Date of Transfer: 8/15/2014
Saltwater Disposal Well - Permit No.: Spot Location:	X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 208225
Saltwater Disposal Well - Permit No.: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project Nes No Number of trijection Wells No. Number of trijection Wells Nume County: Stevens Production Zone(s): County: Stevens Production Zone(s): County: Stevens Production Zone(s): Lone of Section E / W Line of Section No. Setting New Operator's License No. 32864 / Contact Person: BRENDA WALLER Phone: 405-319-3259 Date: G81152014 Signature: Many Medical Stevense Now Operator's License No. 33989 / Contact Person: BRENDA WALLER Phone: 405-319-3259 Date: G81152014 Signature: Many Medical Stevense Name & Address: Linn Operating, Inc. Phone: 281-840-4000 Odi / Gas Purchaser: ONEON FIELD SERVICES Date: G81152014 Signature: Many Medical Stevense Name & Address: Linn Operating, Inc. Phone: 281-840-4000 Odi / Gas Purchaser: ONEON FIELD SERVICES Date: G81152014 Signature: Many Medical Stevense Name & Address: Linn Operating	Gas Gathering System:	Lease Name CHRISTOPHER
Spot location:	Saltwater Disposal Well - Permit No.:	
Enhanced Recovery Project Permit No.:	Spot Location: feet from N / S Line	
Entire Project: Yes No Number of Injection Wells Fleid Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Fleid Name: Eat from N / S Line of Section Fleid Hugoton M Laud Off Workover Drilling &A Contact Person: BRENDA WALLER Flore: Ostisizo14 Flore: Ostisizo14 Flore: Ostisizo14 Flore: Ostisizo14 Flore: Service Suite Store Hugoton Panoma And Signature Flore: 281-840-4000 Flore: Ostisizo14 Flore: Ostisizo14 Flore: Ostisizo14 Flore: Segulators: Manoma Address: LINN OPERATING, INC. Flore: Ostisizo14 Flore: Ostisiz	feet from E / W Line	
Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **Side Two Must Be Completed.** Surface Pit Permit No:: API No. Drait Pit, WO or Haut)	Enhanced Recovery Project Permit No.:	T033S - R039W: SEC 011 SW4 SEC 012 N2, SW4
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **Side Two Must Be Completed.** Surface Pit Permit No.:	Entire Project: Yes No	
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** State Two Must Be Completed. Surface Pit Permit No.:	Number of Injection Wells **	County: Stevens
Surface Pit Permit No: Surface Injection Zone(s):	Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	kan kana 18 mana 19 ma
Ref No. II Drill Pil, WO or Haul) Settling	77.5	
Settling		
Settling	Surface Pit Permit No.:(API No. if Drift Pit. WO or Haul)	feet from N / S Line of Section
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 Title: Vice President-Land Signature: Time Weck New Operator's License No. 33999 / Contact Person: Nancy FITZWATER New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Many 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 above injection well(s) or pit permit. is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Permit No.: Authorized Signature District Epr 12 3 4 PRODUCTION USE 0 4 2014 UID EC 0 4 2014		feet from E / W Line of Section
Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land New Operator's License No. 33999 Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. 600 Travis Street, Suite \$100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 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 above injection well(s) or pit permit. is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date: Authorized Signature DISTRICT EPR 23/4 PRODUCTION DEC 0 4 2014 Date: U 4 2014 Date: Authorized Signature PRODUCTION USER 198-23-99 Date: Authorized Signature	Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling 人人
Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73192 Title: Vice President-Land New Operator's License No. 33999 Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has been noted, approved and duty 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 the new operator and may continue to inject fluids as authorized by Permit No: Recommended action: Date: Authorized Signature DISTRICT EPR 23/44 PRODUCTION Phone: 405-319-3259 Date: 08/15/2014 Signature: Mancy FITZWATER Phone: 281-840-4000 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Signature: Mancy FITZWATER Phone: 281-840-4000 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 License One of the Advance of transfer of transfer of injection well(s) or pit permit # has been noted, approved and duty 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. Discription well(s) or pit permit. Discription well(s) or pit permit. Discription well(s) or pit permit. Proportion of the above named lease containing the surface pit permit No: Authorized Signature Pauthorized Signature Discription well(s) or pit permit # License of the Name of the Nama of the Name of	Past Operator's License No. 32864 /	Contact Person: BRENDA WALLER
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land Date:		Phone: 405-319-3259
New Operator's License No33999 /		OCCUPATION AND THE PROPERTY OF
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: ONEOK FIELD SERVICES Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Management 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 above injection well(s) or pit permit.		Date.
New Operator's Name & Address: LINN OPERATING, INC. Phone:	Title: Vice President-Land	Signature:
New Operator's Name & Address: LINN OPERATING, INC. Phone:		
New Operator's Name & Address: LINN OPERATING, INC. Phone:	New Operator's License No	Contact Person: NANCY FITZWATER
Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Manage Transfer Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		Phone: 281-840-4000
Date:		Oil / Gas Purchaser ONEOK FIELD SERVICES
Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Signature: Signature: Signature Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		
Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #	THE RECUIR A TORY COMPLIANCE CUREDVISOR	
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.	Title: REGULATORY COMPLIANCE SUPERVISOR	Signature:
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Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	The state of the s	
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date: Authorized Signature DISTRICT PRODUCTION is acknowledged as		
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date: Date: PRODUCTION The new operator of the above named lease containing the surface pit permitted by No.: Permit No.: Date: Authorized Signature PRODUCTION DEC 0 4 2014 UID	Commission records only and does not convey any ownership interest in the a	above injection well(s) or pit permit.
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date: Date: PRODUCTION The new operator of the above named lease containing the surface pit permitted by No.: Permit No.: Date: Authorized Signature PRODUCTION DEC 0 4 2014 UID	is acknowledged as	is acknowledged as
Permit No.:		
Date:	BO 기급하는 현기	the new operator of the above named lease containing the surface pit
Authorized Signature Authorized Signature DISTRICT EPR 12-3-14 PRODUCTION DEC 0 4 2014 UID EC 0 4 2014	Permit No.: Recommended action:	permitted by No.:
Authorized Signature Authorized Signature DISTRICT EPR 12-3-14 PRODUCTION DEC 0 4 2014 UID EC 0 4 2014		
DISTRICT EPR /2 -3 -/4	Date:	
DISTRICT EPH /2 / PRODUCTION OIG	12-3-11	DEC. 0.4.2014 DEC. 0.4.2014
		ADDUCTION

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Side Two

Must Be Filed For All Wells

SL coco Marro: CHRISTOPHER		* Location: 12 33 39WNE					
* Lease Name:			Location	.:			
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)	
	15189201440000			GAS		ACTIVE	
12	13103201440000	3960FSL	1320FEL			ACTIVE	
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (CB-1)	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #32864 Name: XTO ENERGY INC.	Well Location: NE Sec. 12 Twp. 33 S. R. 39 East West
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens
	Lease Name: CHRISTOPHER Well #:12
Address 2:	
	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: BRENDA WALLER	T033S - R039W: SEC 011 SW4 SEC 012 N2, SW4
Phone: (405319-3259	
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
Address 1:	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 2:	County, and in the real estate property tax records of the county is easilier.
City:	
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be keeper and the subject well is or will be keeper.	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.
I hereby certify that the statements made herein are true and correct to	
Date: Signature of Operator or Agent: Tim Wach	Title: Vice President-Land
ogradio di opolicio di rigolio	

KDOR #208225

API#:15189201440000

Surface Owners

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API#: 151892	201440000	Lease Nam	ne: CHRISTOPHER		Well # <u>12</u>
Owner Name:	BOZONE, DAVID & S	SHIRLEY LIV	/ TRS TTEES		
Address:	176 ROAD R				
City:	ROLLA	9	State: KS	Zip: 67954-5500	
Owner Name:					
Address:					
City:		S	State:	Zip:	
Owner Name:					
Address:					
City:		S	State:	Zip:	
Owner Name:					
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