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,
MUST be submitted with this form

| 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.: 221764 | | |
| Gas Gathering System: | Lease Name: CLARA BELL UT | | |
| Saltwater Disposal Well - Permit No.: | | | |
| Spot Location: feet from N / S Line | | | |
| feet from E / W Line | Legal Description of Lease: | | |
| Enhanced Recovery Project Permit No.: | T031S - R035W: SEC 008 E2 NE4, W2 NE4, E2 NW4, W2 NW4, | | |
| Entire Project: Yes No | Note: SW4, SE4 in the control of the | | |
| 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.: (API No. if Drill Pit, WO or Haul) | feet from N / S Line of Section | | |
| Currious States | feet from E / W Line of Section | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling にな | | |
| 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 | The state of the s | | |
| | Date: 08/15/2014 Tim Welch | | |
| Title: Vice President-Land | Signature: | | |
| | | | |
| New Operator's License No | Contact Person: NANCY FITZWATER | | |
| New Operator's Name & Address: LINN OPERATING, INC. | Phone: 281-840-4000 | | |
| | FINAL CONTRACTOR CONTR | | |
| 600 Travis Street, Suite 5100 Houston, TX 77002 | Oil / Gas Purchaser: WGP-KHC LLC | | |
| | Date: 08/15/2014 | | |
| Title: REGULATORY COMPLIANCE SUPERVISOR | Signature: Nancy Titzwator | | |
| | | | |
| Acknowledgment of Transfer: The above request for transfer of injection a | authorization, surface pit permit # has been | | |
| noted, approved and duly recorded in the records of the Kansas Corporation C | 할 때 사람들은 이렇게 하는 이 유럽을 받는 것이 하는 사람들을 살아 들었다는 것이 없는데 없다면 하는데 없다. | | |
| Commission records only and does not convey any ownership interest in the a | | | |
| | | | |
| 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.: | | |
| | | | |
| Date: | Date: | | |
| Authorized Signature | Authorized Signature | | |
| DISTRICT EPR /2-3-/4 P | PRODUCTION QEC 0 4 2014 | | |
| Mail to: Past Operator New Operator | | | |

RECEIVED AUG 20 2014 KCC WICHITA

Side Two

Must Be Filed For All Wells

| KDOR Lease | | under Füllerich An Europe Freiheite | | | |
|---------------|--|--|--------------|-----------------------------------|--------------------------------------|
| * Lease Name: | CLARA BELL UT | | Location: 8 | 31 35WNE | |
| Well No. | API No. (YR DRLD/PRE '67) | Footage from (i.e. FSL = Feet fr | Section Line | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) |
| | | | | | |
| 14 | 15189221400000 🗸 | 1250FNL | 1985FEL | GAS | ACTIVE |
| | | | | | |
| lania in a | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | | | |
| | | FSL/FNL | FEUFWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | | | |
| | | 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 | | |
| | en e | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | | | |

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.

RECEIVED AUG 20 2014 KCC WICHITA

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 (C | athodic Protection Borehole Intent) | |
|---|--|--|
| OPERATOR: License # | Well Location: | |
| Name: XTO ENERGY INC. | NE Sec. 8 Twp. 31 S. R. 35 East West | |
| Address 1: 210 PARK AVENUE, SUITE 2350 | County;Stevens | |
| Address 2: | Lease Name: CLARA BELL UT Well #:1-4 | |
| City: OKLAHOMA CITY State: OK Zip: 73102 + | If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below: | |
| Contact Person: BRENDA WALLER | | |
| Phone: (405 319-3259 Fax: () | T031S - R035W: SEC 008 E2 NE4, W2 NE4, E2 NW4, W2 NW4, SW4, SE4 | |
| Email Address: BRENDA_WALLER@XTOENERGY.COM | | |
| Surface Owner Information: Name: See Attached Address 1: | 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 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 KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice Advisory (Control of the Control of the | lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form | |
| CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, ar | eing 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 ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling. | knowledge that, because I have not provided this information, the ner(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-1 | ee with this form. If the fee is not received with this form, the KSONA-1 will be returned. | |
| I hereby certify that the statements made herein are true and correct to | the best of my knowledge and belief. | |
| Date: Signature of Operator or Agent: Welch | Title: Vice President-Land | |
| Date: Signature of Operator or Agent: | I NC. | |

KDOR #221764

API #:15189221400000

Surface Owners

AUG 20 2014 **KCC WICHITA**

RECEIVED

| API#: <u>151892</u> | 221400000 | Lease Name: CLARA BELL | UT | Well # <u>14</u> | |
|---------------------|-------------------|------------------------|----------------------|------------------|--|
| | | | | | |
| Owner Name: | LAHEY, THOMAS L L | IV TR & PATRICIA ETAL | | | |
| Address: | 2711 ROAD Z | | | | |
| City: | MOSCOW | State: KS | Zip: 67952-5246 | | |
| | | | | | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip: | | |
| | | | | | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip: | | |
| | | | | | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip: | | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip: | | |
| City. | | State. | Σ ι μ. | | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip: | | |