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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,
MUST be submitted with this form

Check Applicable Boxes: MUST be submitted	ted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 201268
Gas Gathering System:	Lease Name: FARRAR
Saltwater Disposal Well - Permit No.:	Nat 24 20 20 20 20 20 20 20 20 20 20 20 20 20
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T033S - R038W: SEC 020 E2 SEC 021 N2
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.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
700 - <u>발표, 발표 그림</u> 에 되는 이래를 받아	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling よん
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	00/45/0044
	Date: U8/15/2014 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: ONEOK FIELD SERVICES
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titywater
	orginative.
Acknowledgment of Transfer: The above request for transfer of injection as	uthorization author pit normit #
noted, approved and duly recorded in the records of the Kansas Corporation C	
Commission records only and does not convey any ownership interest in the ab	
OSMINICON TOO TOO OTHY AND GOOD TO CONTROL AND OWNERSHIP MILET EST IN THE AL	ove algetton wells) of preparate
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 0.011
	DEC 0 4 2014 Authorized Signature 2014
DISTRICT EPR PF Mail to: Past Operator New Operator	RODUCTION UIC IIC

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Side Two

Must Be Filed For All Wells

* Lease Name	FARRAR		* Location: 21	33 38WNW WZWZWZ	NE	
			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)	
1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	15189004620091	FNL 1320 F9 L	2590 FEL 50FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FOURT				
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		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 _			
		FSL/FNL	FEL/FWL			
<u> </u>		FSL/FNL	FEUFWL _			

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.

OPERATOR: License #32864	Mana				
Name: XTO ENERGY INC.	Well Location: 				
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens				
Address 2:	•				
City: OKLAHOMA CITY State: OK Zip: 73102 +					
Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T033S - R038W: SEC 020 E2 SEC 021 N2				
Phone: (405 319-3259 Fax: ()					
Email Address: BRENDA_WALLER@XTOENERGY.COM					
Surface Owner Information:					
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional				
Address 1:	sheet listing all of the information to the left for each surface owner. Surface				
Address 2:	owner information can be found in the records of the register of deeds for the				
City: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease man	(Cathodic Protection Rorehole Intent), you must supply the surface owners and				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entitled Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Now owner(s) of the land upon which the subject well is or w	(Cathodic Protection Borehole Intent), you must supply the surface owners and ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Ditice Act (House Bill 2032), I have provided the following to the surface ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form is form being filed is a Form C-1 or Form CB-1. The plat(s) required by this				
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KDOR #201268

Surface Owners

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API#: 151890	0046200 04 Lease I	Name: <u>FARRAR</u>		Well # <u>1</u>				
Owner Name:	E: FARRAR. KEITH W REV TR JEAN & KEITH							
Address:	613 ROAD N							
City:	HUGOTON	State: KS	Zip: 67951-5226					
Owner Name:	: FARRAR, KEITH M & WILLIE JEAN							
Address:	613 ROAD N							
City:	HUGOTON	State: KS	Zip: 67951-5226					
Owner Name:	FARRAR, VANCE LEE & BOBBIE JEAN							
Address:	2045 PASEO DEL ORO							
City:	COLORADO SPRINGS	State: CO	Zip: 80904-1689					
Owner Name:	FARRAR, VANCE L & BOBBIE J REV TRS							
Address:	2045 PASEO DEL ORO							
City:	COLORADO SPRINGS	State: CO	Zip: 80904-1689					
Owner Name:								
Address:								
City:		State:	Zip:					
Owner Name:								
Address:								
City:		State:	Zip:					