**RECEIVED** AUG 20 2014 **KCC WICHITA** 

### 081514\_Fowler\_5-7INF.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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:	tied 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.: 220674
Gas Gathering System:	Lease Name: FOWLER
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.:	T027S - R037W: SEC 034 NE4, NW4, SE4, SW4
Entire Project: Yes No	
Number of Injection Wells **	County: Grant
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)	feet from F / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off ☐ Workover ☐ Drilling ,∠,
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	Tim Wolsh
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
THE DECIL ATORY COMPLIANCE SUBERVISOR	
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Sitzwator
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been  Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	
Commission records only and does not convey any ownership interest in the a	pove 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.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR //-/7-/4 F	PRODUCTION NOV I 8 2014 UIC NOV 1 8 2014
Mail to: Past Operator New Operato	r District

RECEIVED AUG 20 2014 KCC WICHITA

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	FOWLER		* Location: 34	27 37WNW	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
57 INF	15067213350000	1250FNL	1285FWL	<b>H</b>	ACTIVE
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup>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.

22064	
OPERATOR: License #	Well Location:
Name: XTO ENERGY INC.	
Address 1:210 PARK AVENUE, SUITE 2350	
Address 2:	
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	10275 - RU37VV: SEC 034 NE4, NVV4, SE4, SVV4
Phone: ( 405 319-3259 Fax: ()	
Email Address: BRENDA_WALLER@XTOENERGY.COM	<u> </u>
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 owner information can be found in the records of the register of deeds for the
Address 2:	
City:	
- secons and second prior or continuence produced recorder to the reason record	, tank batteries, pipelines, and electrical lines. The locations shown on the plat
are preliminary non-binding estimates. The locations may be enter  Select one of the following:    X   I certify that, pursuant to the Kansas Surface Owner Not	red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
are preliminary non-binding estimates. The locations may be enter  Select one 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	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this
are preliminary non-binding estimates. The locations may be enter Select one 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, form I have not provided this information to the surface owner(s KCC will be required to send this information to the surface.	red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this
are preliminary non-binding estimates. The locations may be enter Select one 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, form 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 hand.	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address.  1). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form.  1) I the fee is not received with this form, the KSONA-1
Select one 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 filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, form; and 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 hands of the second option, submit payment of the \$30.00 hands.	ice Act (House Bill 2032), I have provided the following to the surface be located: 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 ax, and email address.  1. I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 of CP-1 will be returned.

## **Surface Owners**

RECEIVED AUG 20 2014

**KCC WICHITA** 

API#: 150672	213350000	Lease Name:	FOWLER		Well # <u>57 INF</u>
Owner Name:	WILLIAMS, DONALD	K			
Address:	1025 W NEBRASKA	AVE			
City:	ULYSSES	Sta	te: KS	Zip: 67880	
Owner Name:					
Address:					
City:		Sta	te:	Zip:	
Owner Name:					
Address:			,		
City:		Sta		Zip:	
Owner Name:					
Address:					
City:		Sta	te:	Zip:	
Owner Name:					
Address:					
City:		Sta	te:	Zip:	
Owner Name:					
Address:					
City:		Stat	te:	Zip:	