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: 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.: 220290
Gas Gathering System:	Lease Name: GOERING
Saltwater Disposal Well - Permit No.:	■ The CHERCH AND PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T028S - R034W: SEC 008 SE4, S2 NW4, N2 NW4, SW4, NE4
Entire Project: Yes No	
Number of Injection Wells**	County: Haskell
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 E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KH
	PRENDA WALLED
Past Operator's License No. 32864	Contact Felson.
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	Signature: <i>Tim Welch</i>
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
TIME: TREGERIORI COMPLETANCE SOF ENVISOR	Signature.
	autherication authors alt normit #
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	above 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.:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR//-2/-/4 F	PRODUCTION NOV 2 5 2014 NUV 2 5 2014
Mail to: Past Operator New Operator	orDistrict

Side Two

Must Be Filed For All Wells

KDOR Lease		e en la companya de la companya de La companya de la co				
* Lease Name:	GOERING		* Location: 8 2	28 34WNW		
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)	
2	15081209030000/	1250FNL =	1250FWL	GAS	ACTIVE	
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		FSL/FNL	FEL/FWL			

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.

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 (Cathodic Protection Borehole Intent)
OPERATOR: License #	Well Location:
Name: XTO ENERGY INC.	NW Sec. 8 Twp. 28 S. R. 34 East West
Address 1: 210 PARK AVENUE, SUITE 2350	•
Address 2:	Lease Name: GOERING Well #:2
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	the lease below:
Phone: (405 319-3259 Fax: ()	10285 - RU34W: SEC 008 SE4, S2 NW4, N2 NW4, SW4, NE4
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:	shoot listing all of the information to the left for each surface owner. Surface
Address 2:	and the second of the second o
City: State: Zip:+ _	
the KCC with a plat showing the predicted locations of lease are preliminary non-binding estimates. The locations may be Select one of the following:	roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is a CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone num I have not provided this information to the surface ow KCC will be required to send this information to the	er Notice Act (House Bill 2032), I have provided the following to the surface for will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form of the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this inher, fax, and email address. Viner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this inhandling fee, payable to the KCC, which is enclosed with this form.
form and the associated Form C-1, Form CB-1, Form T-1, or	
I hereby certify that the statements made herein are true and	
Date: Signature of Operator or Agent: 2	Title: Vice President-Land
API # :15081209030000 KDOR	t #220290

Surface Owners

API#: 150812	209030000	Lease Nam	ne: <u>GO</u>	ERING			Well # 2
Owner Name:	TATON, GARY & KA	REN TRUST	г				
Address:	621 RD CC						
City:	SATANTA		State: K	(S	Zip:	67870	
Owner Name:							
Address:							
City:			State:		Zip:		
Owner Name:							
Address:							
City:			State:		Zip:		
Owner Name:							
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Owner Name:							
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