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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: Effective Date of Transfer: Oil Lease: No. of Oil Wells _ 201791 Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: Gas Gathering System:_ Lease Name: HAYWARD Saltwater Disposal Well - Permit No.: ____ 31 Twp. 33 R. _____ feet from N / S Line Legal Description of Lease: feet from E / W Line T033S - R039W: SEC SEC 031 E2 NW4, W2 NE4 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Morton Number of Injection Wells_ Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE ** Side Two Must Be Completed. Injection Zone(s): feet from N/S Line of Section Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) W Line of Section Drilling Workover Emergency Bum Settling Haul-Off Type of Pit: **BRENDA WALLER** 32864 / Contact Person: __ Past Operator's License No. Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 08/15/2014 Tim Welch Vice President-Land Signature: **NANCY FITZWATER** New Operator's License No. 33999 Contact Person: New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone-Oil / Gas Purchaser: ONEOK FIELD SERVICES 600 Travis Street, Suite 5100 Houston, TX 77002 08/15/2014 Date: Title: REGULATORY COMPLIANCE SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 _ is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by _____. Recommended action: _ permitted by No.: ___ Date: Authorized Signature DISTRICT __ District Mail to: Past Operator ___

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Side Two

Must Be Filed For All Wells

Lease Name:	HAYWARD	* Location: 31 33 39WNW				
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	151290022000081	3960FSL/	3960FEL -	GAS	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			
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		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		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.

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API #:15129002200000

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	Well Location:		
VTO ENERGY INC	NW Sec. 31 Twp. 33 S. R. 39 East West		
Name:XTO ENERGY INC. Address 1:210 PARK AVENUE, SUITE 2350			
Address 2:	Lease Name: HAYWARD Well #: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:		
Phone: (405 319-3259 Fax: ()	T033S - R039W: SEC SEC 031 E2 NW4, W2 NE4		
Email Address: BRENDA_WALLER@XTOENERGY.COM			
Surface Owner Information:	ti la ser a sur a la companion de la companion		
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:	the decrease and a second to the county transfer of the county transfer of		
Address 2:			
City: State: Zip:+			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Call the last intent the predicted locations of location			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Call of the continuous of lease roads)	athodic Protection Borehole Intent), you must supply the surface owners and		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Counter the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice and all the land upon which the subject well is or will	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. ce 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		
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Surface Owners

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API#: <u>151290</u>	02200000	Lease Name: HAYWARD		Well # <u>2</u>	
API#	<u> </u>				
Owner Name:	DANIELS HAYWARD	FARMS			
Address:	14603 W 91ST PL				
City:	LENEXA	State: KS	Zip: 66215		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
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Owner Name:					
Address:		State:	Zip:		
City:		State.			
Owner Name:					
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