081514_Hinshaw_Estate_1.pdf

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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:	ed 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.: 201587
Gas Gathering System:	Lease Name: HINSHAW ESTATE
Saltwater Disposal Well - Permit No.:	SE Sec. 18 Twp. 31 R. 35W EXW
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T031S - R035W: SEC 018 E2, E2 NW4, E2 SW4 (NWNW) (SWNW) (NWSW) (SWSW)
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.:	feet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)	feet from
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling とふ
type of the Linesgory Lawrence Commission	
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 Welch
Title: Vice Fresident-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: WGP-KHC LLC
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature:
Acknowledgment of Transfer: The above request for transfer of injection a	
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 a	bove 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	NEC 0 5 2014 Authorized Signature
7,01.00	PRODUCTION UISEC U 5 /U14
Mail to: Past Operator New Operato	or District

Side Two

Must Be Filed For All Wells

KDOR Lease	LINGUAW ESTATE		* Location: 18	3 31 35WSE		
* Lease Name:			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	15189001710000	2310FSL √	2310FEL ′	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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	oor (Marcholi) M archolina (Marcholin)		
		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	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) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:SE_Sec18_Twp.31_S. R. 35East West
Address 1: 210 PARK AVENUE, SUITE 2350	<u> </u>
	HINSHAW FSTATE
Address 2:	
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	10313 - 103344. 320 010 22, 22 1004, 22 3004 (10000)
Phone: (405 319-3259 Fax: () PREVIOUS PROPERTY COM-	_ (SWNW) (NWSW) (SWSW)
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 owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	_
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:	ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the forn form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s).	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.
I hereby certify that the statements made herein are true and correct	
Date: 8/15/2014 Signature of Operator or Agent: Tim Wa	Title: Vice President-Land
API # :15189001710000 KDOR #20158	

Surface Owners

API#: 151890	01710000	Lease Name:	HINSHAW	ESTATE	<u></u>	Well # <u>1</u>	
	MOSS FARMS LLC						
Address:	14301 CALIBER DR	STE 300					
City:	OKLAHOMA CITY	Sta	te: OK	Zip:	73134		
Owner Name:							
Address:							
City:		Sta	te:	Zip:			
Owner Name:							
Address:							
		Sta	ite:	Zip:			
City:		310					
Owner Name:							
Address:							
City:		Sta	ate:	Zip:			
Owner Name:							
Address:							
City:		Sta	ate:	Zip:			
Owner Name:							
Address:							
City:		Sta	ate:	Zip:			