RECEIVED AUG 20 2014 KCC WICHITA

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:	I .		
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.: 202387 V		
Gas Gathering System:	Lease Name: LIGHTNER J		
Saltwater Disposal Well - Permit No.:	NE SE SE NW Sec. 1 Twp. 26 R. 32W EXW		
Spot Location: feet from N / S Line	tuthida - groppi		
feet fromE /W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T26S-R32W: SEC 1 ALL		
Entire Project: Yes No			
Number of Injection Wells **	County: FINNEY		
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	00/45/2044		
	Date: 08/15/2014 Tim Welch		
Title: Vice President-Land	Signature:		
33999 /	Contact Person: NANCY FITZWATER		
New Operator's License No. 33999 /	294 940 4000		
New Operator's Name & Address: LINN OPERATING, INC.	FIGURE.		
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser:		
	Date: 08/15/2014		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fuzivator		
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			
	<u> </u>		
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	Author Signature 1 2014		
1	PRODUCTION NOV 2 1 2014 UIC UIC		
Mail to: Past Operator New Operato	or District		

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Side Two

Must Be Filed For All Wells

* Lease Name:	LIGHTNER J	* Location: 1 26 32WNW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1-1	15055006450000 J	2280FNL	2440FWL	GAS	PR	
		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		· Anny	
				THE RESIDENCE OF THE PARTY OF T		
		FSUFNL				
		FSL/FNL				
	•					
		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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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.

32864	Mall Location
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location: NE_SE_SE_NW_Sec. 1 Twp.26 S. R. 32 EasiX West
Address 1: 210 PARK AVENUE, SUITE 2350	COUNTY-FINNEY
Address 2:	
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	
Phone: (405 319-3259 Fax: ()	1203-N3241. SEC 1 ALL
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:	
Address 2:	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cat the I/CC) with a plot showing the predicted locations of losse roads.	thodic 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 (Catthe KCC with a plat showing the predicted locations of lease roads, that are preliminary non-binding estimates. The locations may be entered Selectione of the following: X 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 form; and 3) my operator name, address, phone number, face	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e 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 the being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address.
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cat the KCC with a plat showing the predicted locations of lease roads, t are preliminary non-binding estimates. The locations may be entered Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notic owner(s) of the land upon which the subject well is or will be CP-1 that Lam filling in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, factor of the surface owner(s). KCC will be required to send this information to the surface task, Lacknowledge that Lam being charged a \$30.00 hand.	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e 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 rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address. I acknowledge that, because I have not provided this information, the electric world on the KCC, which is enclosed with this form.
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If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cat the KCC with a plat showing the predicted locations of lease roads, that are preliminary non-binding estimates. The locations may be entered Select one of the following: X	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e 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 m being filled is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address. I acknowledge that, because I have not provided this information, the electric owner(s). To mitigate the additional cost of the KCC performing this ling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.

KDOR #202387

API#:15055006450000

Surface Owners

API#: <u>150550</u>	006450000	Lease Name: LIGHTNER J		Well # <u>1-1</u>	
Owner Name:	LIGHTNER, RICHAR	D A AND CAROL J			
Address:	5175 E PLYMELL RE)			
City:	GARDEN CITY	State: KS	Zip: 67846		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:		•	71		
City:		State:	Zip:		
Own or Name -					
Owner Name:					
Address: Citv:		State:	Zip:	·	
Citv:		state:	ZID:		