DISTRICT ___

Mail to: Past Operator __

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form F-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: 8/15/2014 Oil Lease: No. of Oil Wells ___ Effective Date of Transfer: Gas Lease: No. of Gas Wells ____ 203245 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: M L REYLDS Saltwater Disposal Well - Permit No.: ____ SE Sec. _ 22 Twp. 31 R. 35W FEXW _____ feet from N / N S Line ___ feet from __ E / __W Line T031S - R035W: SEC 022 All Enhanced Recovery Project Permit No.: ___ 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.: __ (API No. it Drill Pit, WO or Haul) teet from | E / | W Line of Section Type of Pit: Burn Emergency Settling Haul-Off Workover кY 32864 / **BRENDA WALLER** Past Operator's License No. Contact Person: Past Operator's Name & Address: XTO ENERGY INC. Phone: 405-319-3259 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 08/15/2014 Tim Welch Vice President-Land Signature: **NANCY FITZWATER** Contact Person: _ New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: __WGP-KHC LLC 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: 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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit _____ . Recommended action: _ permitted by No.: ____ Date: Authorized Signature Authorized Signature

New Operator.

PRODUCTION.

District

Side Two

Must Be Filed For All Wells

w. 6	M L REYLDS		21	2 24 25WCE	
* Lease Name		* Location: 22 31 35WSE			
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)
B1	15189001750001	2310FSL	2310FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
	-	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	FEUFWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	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.

API#:15189001750001

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 #	Well Location:			
Name: XTO ENERGY INC.	SE Sec. 22 Twp. 31 S. R. 35 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens			
Address 2:	Lease Name: M L REYLDS Well #:B1			
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: BRENDA WALLER	the lease below: T031S - R035W: SEC 022 All			
Phone: (405 319-3259 Fax: ()				
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information: Name: See Attached Address 1:	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 owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.			
the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one 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	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1 or Form CB-1, Form CB-1, the plat form T-1, or Form Deing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
form; and 3) my operator name, address, phone number, fax, and 1) I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	acknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this			
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.			
I hereby certify that the statements made herein are true and correct t	o the best of my knowledge and belief.			
Date: Signature of Operator or Agent: Wela	h Vice President-Land			
Date: Signature of Operator or Agent:	FINA			

KDOR #203245

Surface Owners

API#: <u>15189(</u>	001750001	Lease Name: M L REYLDS		Well # <u>B1</u>
Owner Name:	WHITE, BRIAN K &	TINA L		
Address:	1931 ROAD V			
City:	MOSCOW	State: KS	Zip: 67952-5234	
Owner Name:	ROLAND, MABLE			
Address:	206 RANSOM			
City:	MOSCOW	State: KS	Zip: 67952-5271	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:			•	
City:		State:	Zip:	