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: MUST be submitted				
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.: 202793			
Gas Gathering System:	Lease Name: MCCAMMON			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T033S - R040W: SEC 002 SE4 SEC 011 W2 NE4, E2 NW4, SE4 SEC 013 NW4			
Entire Project: Yes No				
Number of Injection Wells***	County: Morton			
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. it Drill Pit, WO or Haul)				
	teet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling VA			
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			
	Tim Welch			
Title:Vice President-Land	Signature:			
New Operator's License No33999 /	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			
500 Havis Street, Suite 5100 Houston, 17	00/45/0044			
	Date: 08/15/2014			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fuzuates			
Acknowledgment of Transfer: The above request for transfer of injection	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				
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.:			
Permit No.: neconlinerated action	permitted by ivo.,			
	Date:			
Date:	Authorized Signature			
11 2/ 111	PRODUCTION NOV 2 5 2014 NOV 2 5 7014			
Mail to: Past Operator New Operator	torDistrict			

Side Two

Must Be Filed For All Wells

Lease Name	MCCAMMON		* Location: 13 33 40WNW			
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
1	15129002890000	3960FSL	3960FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	4		
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL		Here was a second of the secon		
W. AMMA-194	,				***************************************	
		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.

OPERATOR: License #	Well Location:			
Name: XTO ENERGY INC.				
Address 1: 210 PARK AVENUE, SUITE 2350	County:Morton Lease Name: MCCAMMON Well #:1			
Address 2:				
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: BRENDA WALLER	T033S - R040W: SEC 002 SE4 SEC 011 W2 NE4, E2 NW4,			
Phone: (<u>405 319-3259</u> Fax: (<u>)</u> Email Address: BRENDA_WALLER@XTOENERGY.COM	SE4 SEC 013 NW4			
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:	the state and action arounds the market of the accepts tracerer			
City: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca	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 (Ca the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entere	nthodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KDOR #202793

API#:15129002890000

Surface Owners

API#: 151290	02890000	Lease Name:	MCCAMMON		Well # <u>1</u>
Owner Name:	BOZONE, DAVID & S	SHIRLEY LIVING	5 TRUST		
Address:	176 ROAD R				
City:	ROLLA	Stat	e: KS	Zip: 67954-9217	
Owner Name:					
Address:					
City:		Stat	e:	Zip:	
Owner Name:					
Address:					
City:		Staf	te:	Zip:	
Owner Name:					
Address:					
City:		Sta	te:	Zip:	
Owner Name:					
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City:		Sta	te:	Zip:	
Owner Name:	:				
Address:					
City:		Sta	te:	Zip:	