District .

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### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form I-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 \_\_\_ Gas Lease: No. of Gas Wells \_\_\_\_\_1 202767 ₽ KS Dept of Revenue Lease No.: \_ Gas Gathering System:\_ Lease Name: MCCOY Saltwater Disposal Well - Permit No.: \_\_\_\_ NE Sec. 13 Twp. 28 R. 34W EXW \_\_\_\_\_\_teet from N/ S Line Legal Description of Lease: \_\_\_\_\_\_feet from \_\_\_E / \_\_\_W Line T028S - R034W: SEC 013 SE4, NE4, W2 Enhanced Recovery Project Permit No.: \_ Entire Project: Yes No County: Haskell Number of Injection Wells \_\_\_ Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): \*\* 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) E / W Line of Section feet from Burn Settling Haul-Off Workover たと Type of Pit: Emergency **BRENDA WALLER** 32864 Contact Person: Past Operator's License No. 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** New Operator's License No. 33999 Contact Person: \_\_ New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Oil / Gas Purchaser: ONEOK FIELD SERVICES 600 Travis Street, Suite 5100 Houston, TX 77002 08/15/2014 Date: 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 permitted by No.: \_\_\_ \_\_\_\_\_\_ . Recommended action: \_ Date: Date: Authorized Signature Authorized Signature NOV 2 1 2014 DISTRICT \_\_\_\_

**New Operator** 

Mail to: Past Operator \_\_\_\_

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#### Side Two

#### Must Be Filed For All Wells

* Lease Name	: MCCOY	* Location: 13 28 34WNE					
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	15081002710000 ′	2456 FSL 2 <del>640FSL</del>	2458 FEL 2 <del>640FE</del> L	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				
		ESI/ENI	FEL/FWL				
	MICHAEL STATE OF THE STATE OF T						
		FSL/FNL	FEL/FWL				
	AAAAA	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	** ************************************	FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		ESI /ENI	FEL/FWL				
		FSL/FNL	FEL/FWL				

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

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	Well Location:			
Name: XTO ENERGY INC.	NE Sec. 13 Twp.28 S. R. 34 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County-Haskell			
Address 2:	Lease Name: MCCOY Well #:1			
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: T028S - R034W: SEC 013 SE4, NE4, W2			
Phone: ( 405 319-3259 Fax: ( )				
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 sheet listing all of the information to the left for each surface owner. Surface			
Address 1:	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:				
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I a	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this			
	fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.			
Date:8/15/2014 Signature of Operator or Agent: Signature	1 Vice President-Land			
Date: Signature of Operator or Agent: Signature of Operator or Agent:	I me:			

KDOR #202767

API#:15081002710000

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### **Surface Owners**

API#: 150810	002710000	Lease Name: MCCOY		Well # <u>1</u>				
Owner Name:	ROLLIE JACK INC							
Address:	PO BOX 863							
City:	SUBLETTE	State: KS	Zip: 67877					
Owner Name:	KING, BILL A & DEWEES KING, JEFFREY A LE							
Address:	1102 MOCKINGBIRD LANE							
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:								
City:		State:	Zip:					