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:	led with this form.				
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014				
Gas Lease: No. of Gas Wells					
Gas Gathering System:	Lease Name: MCGILL				
Saltwater Disposal Well - Permit No.:					
Spot Location: feet from N / S Line	Vegenal Million				
feet from E / W Line	Legal Description of Lease:				
Enhanced Recovery Project Permit No.:	T032S - R036W: SEC 013 NW4, NE4, S2				
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 Sectionfeet from E / W Line of Section				
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KH				
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				
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: ONEOK FIELD SERVICES				
	Date: 08/15/2014				
Title: _REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Pitzpoater				
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	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				
Permit No.: Recommended action:	permitted by No.:				
Date:	Date:				
(1) (1)	DEC 0 2 2014 DEC 0 9 70 10				
	PRODUCTION UIC DLO UZ /U 1 or District				
Mail to: Past Operator New Operator	Uistro.				

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Side Two

Must Be Filed For All Wells

* Lease Name: MCGILL		* Location: 13 32 36WSE			
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)
14 INF	15189220090001 /	1250FSL	1250FEL	н	ACTIVE
Walter (Alberta and Alberta an		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-F-W-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	- Advisor de la companya de la comp
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL	44-94-04-04-04-04-04-04-04-04-04-04-04-04-04	
·		FSUFNL	FEL/FWL		
		FSUFNL	FEL/FWL	F14 81 64 64 64 64 64 64 64 64 64 64 64 64 64	
		FSL/FNL	FEL/FWL		
		FSL/FNL	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.

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API#:15189220090001

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 (C	nthodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 32864 Name: XTO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350	Well Location: SESec. 13 Twp.32 S. R. 36 East West County:Stevens			
Address 2:	Lease Name: MCGILL Well #:14 INF			
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below: T032S - R036W: SEC 013 NW4, NE4, S2			
Contact Person: BRENDA WALLER				
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:				
CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, an I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface sated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form sing filed is a Form C-1 or Form CB-1, the plat(s) required by this demail address. It is considered that, because I have not provided this information, the ter(s). To mitigate the additional cost of the KCC performing this			
task, Lacknowledge that Lam being charged a \$30.00 handling f				
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 CP-1	will be returned.			
I hereby certify that the statements made herein are true and correct to t	, ,			
Date: Signature of Operator or Agent;	Title: Vice President-Land			

KDOR #220762

Surface Owners

API#: 151694	<u>220090001</u> Lease N	ame: NICGILL		weii# <u>14 inr</u>					
\									
Owner Name:	e: PRATHER, RICHARD L & ROBERT L								
Address:	18121 W KELLOGG DR								
City:	GODDARD	State: KS	Zip: 67052-9538						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						