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:   | d with this form.  |  |  |
|---|--|--|--|
| Oil Lease: No. of Oil Wells**   | Effective Date of Transfer: 8/15/2014                                      |  |  |
| X Gas Lease: No. of Gas Wells "   | KS Dept of Revenue Lease No.: 202567                                       |  |  |
| Gas Gathering System:   | Lease Name: METHERD  |  |  |
| Saltwater Disposal Well - Permit No.:                                       |  |  |  |
| Spot Location: feet from N / S Line   | <u>SE</u> <sub>Sec.</sub> _25 <sub>Twp.</sub> _27 <sub>R.</sub> _37W       |  |  |
| feet from E / W Line  | Legal Description of Lease:  |  |  |
| Enhanced Recovery Project Permit No.:                                       | T027S - R037W: SEC 025 NE4, S2, NW4  |  |  |
| Entire Project: Yes No  |  |  |  |
| Number of Injection Wells   | County: Grant  |  |  |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE                           | Production Zone(s): CHASE  |  |  |
|   |  |  |  |
| ** Side Two Must Be Completed.  | Injection Zone(s):   |  |  |
| O. Jane Oh Desmit Man   | feet from N / S Line of Section  |  |  |
| Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)                   | teet from E / W Line of Section  |  |  |
| Cottling  | Haul-Off Workover Drilling KA  |  |  |
| Type of Pit: Emergency Burn Settling  |  |  |  |
| Past Operator's License No  | 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 No. 33999  | Contact Person: NANCY FITZWATER  |  |  |
| New Operator's Name & Address: LINN OPERATING, INC.                         | Phone:   |  |  |
| 600 Travis Street, Suite 5100 Houston, TX 77002                             | Oil / Gas Purchaser: WGP-KHC LLC   |  |  |
|   | Date: 08/15/2014   |  |  |
|   |  |  |  |
| Title: REGULATORY COMPLIANCE SUPERVISOR                                     | Signature: <u>Nancy Pitzwater</u>  |  |  |
|   | has been   |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection a   | admonzation, Sandoo par porting is   |  |  |
|   | Commission. This acknowledgment of transfer pertains to Kansas Corporation |  |  |
| Commission records only and does not convey any ownership interest in the a | Spoke injection well(s) of bit berning                                     |  |  |
|   | 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  | NOV 2 5 2014 NOV 2 5 2014  |  |  |
| DISTRICT  | PRODUCTION UIC   |  |  |
| Mail to: Past OperatorNew Operator  |  |  |  |

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#### Side Two

#### Must Be Filed For All Wells

| Lease Name: METHERD |                              | ^ Location:                         |           |                                   |                                      |
|---------------------|------------------------------|-------------------------------------|-----------|-----------------------------------|--------------------------------------|
| Well No.            | API No.<br>(YR DRLD/PRE '67) | Footage from<br>(i.e. FSL = Feet fo |           | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 1                   | 15067003360000 /             | 2310FSL <sup>-</sup>                | 2310FEL ~ | GAS                               | ACTIVE                               |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSUFNL                              | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     | <del>-</del>                 |                                     |           |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              |                                     |           |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNL                             | FEL/FWL   |                                   |                                      |
|                     |                              | FSL/FNI                             | 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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API#:15067003360000

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 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 Leastion.  |
|--|---|
| OPERATOR: License # 32864  |   |
| Name: XTO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350   |   |
|  | METHEOD   |
| Address 2:   |   |
| Cirty: Ortexposition State: OK Zip: 10102+  Contact Person; BRENDA WALLER  | the lease below:  |
| Phone: ( 405 319-3259 Fax: ( )   | 102,0 1100,111,020 120,112,0  |
| Email Address: BRENDA_WALLER@XTOENERGY.COM   |   |
| Email Address:   |   |
| 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: State: Zip: +  If this form is being submitted with a Form C-1 (Intent) or CB-1                        |   |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road  |   |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent)  | Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the platered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Dice Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent) or CB-1 (Intent) and Interpretation of Intent) or CB-1 (Intent) or C | Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the platered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Dice Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent)  | Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Dice Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filled is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.  S). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form.   |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be enterested one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number,  I have not provided this information to the surface owner (KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 has a lift choosing the second option, submit payment of the \$30.00 has   | Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the platered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Bill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.  S). Lacknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-m CP-1 will be returned. |

## Surface Owners

| API#: <u>150670</u> | 03360000          | Lease Name: METHERD |            | Well # <u>1</u> |  |
|---------------------|-------------------|---------------------|------------|-----------------|--|
|                     |                   |                     |            |                 |  |
| Owner Name:         | MOYER, JAMES C 8  | K MARY K            |            |                 |  |
| Address:            | 2158 E RD 5       |                     |            |                 |  |
| City:               | ULYSSES           | State: KS           | Zip: 67880 |                 |  |
| Owner Name:         | YOUNG, KATHERIN   | IE P, TOD, ETAL     |            |                 |  |
| Address:            | 4214 TWIN SILO DR | 1                   |            |                 |  |
| City:               | BLUEBELL          | State: PA           | Zip: 19422 |                 |  |
| Owner Name:         | SHAPLAND, LEON    |                     |            |                 |  |
| Address:            | 10436 N RD L      |                     |            |                 |  |
| City:               | ULYSSES           | State: KS           | Zip: 67880 |                 |  |
| Owner Name:         |                   |                     |            |                 |  |
| Address:            |                   |                     |            |                 |  |
| City:               |                   | State:              | Zip:       |                 |  |
| Owner Name:         |                   |                     |            |                 |  |
| Address:            |                   |                     |            |                 |  |
| City:               |                   | State:              | Zip:       |                 |  |
| Owner Name          | :                 |                     |            |                 |  |
| Address:            |                   |                     |            |                 |  |
| City:               |                   | State:              | Zip:       |                 |  |