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 submit	ted 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.: 218960 /			
Gas Gathering System:	Lease Name: MILES SW_Sec1 _Twp28 _R34W E XW			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	WINDY CONTROL			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T028S - R034W: SEC 001 All			
Entire Project: Yes No	·			
Number of Injection Wells **	County: Haskell Production Zone(s): CHASE			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	feet from N/ S Line of Section			
(API No. II Drill Pit, WO or Haul)				
T IN STREET				
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
Past Operator's License No32864 /	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	Signature: Tim Welch			
Now Operator's License No. 33999	Contact Person: NANCY FITZWATER			
New Operator's Econocino.				
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 Titzvater			
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 columniadand as	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	Authorized Signature 9 5 2014			
210,1110	PRODUCTION UIC 20 ZU IA			
Mail to: Past Operator New Operat	tor District			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 218960 V					
*Lease Name:	MILES		* Location: 1 28 34WSW			
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)	
A12	15081208190001	1250FSL	4040FEL	GAS	ACTIVE	
			WHITE			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	Mark 1977 - 17 - 17 - 17 - 17 - 17 - 17 - 17	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	AND REPORT OF THE PROPERTY OF	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	FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL				
		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.

ODERATOR: License # 32864	Well Location:		
OPERATOR: License # 32864 Name: XTO ENERGY INC.			
Address 1: 210 PARK AVENUE, SUITE 2350			
Address 2:			
City: OKLAHOMA CITY State: OK Zip: 73102 +			
Contact Person: BRENDA WALLER	the lease below:		
Phone: (405 319-3259 Fax: ()	T028S - R034W: SEC 001 All		
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:	and the standard and a standard and a standard and the country transceptor		
the KCC with a plat showing the predicted locations of lease road.	Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the plat		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent)			
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. Stice Act (House Bill 2032), I have provided the following to the surface libe 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		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Surface Owners

API#: 150812	208190001	Lease Name: MILES	<u> </u>	Well # <u>A12</u>
Owner Name:	APSLEY, DAVID L	& MARY ANNE REVOCA	ABLE TRUSTS	
Address:	150 RD 100			
City:	SATANTA	State: KS	Zip: 67877	
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:	