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### 081514\_Munz\_1-2.pdf

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
Merch 2010
Form must be Typed
Form must be Signed
All blanks must be Effect

# 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. Check Applicable Boxes: MUST be submitted with this form. ☐ Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells 208473 KS Dept of Revenue Lease No.: Gas Gathering System:\_ Lease Name: MUNZ Saltwater Disposal Well - Permit No.: SW Sec. 6 Twp. 28 R. 37W EXW Spot Location: \_\_\_\_\_\_ feet from N / S Line Legal Description of Lease: \_\_\_\_\_feet from F / W Line T028S - R037W: SEC 006 SE4, S2 NE4, SE4 NW4, E2 SW4 Enhanced Recovery Project Permit No.: \_ (NENE) (NWNE) (NENW) (NWNW) (SWNW) (NWSW) (SWSW) Entire Project: Yes No Number of Injection Wells County: Grant Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): COUNCIL GROVE \*\* Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: \_\_\_ \_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Burn Emergency Settling Haul-Off Workover Drilling KY Past Operator's License No. 32864 / **BRENDA WALLER** Contact Person: \_ 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: New Operator's License No. 33999 **NANCY FITZWATER** Contact Person: New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES 08/15/2014 Date:\_ Nancy Fitzwater 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 the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit \_\_\_\_\_ . Recommended action: \_ permitted by No.: \_\_\_ Date: Date: Authorized Signature EPR \_//-2/-/4 DISTRICT \_\_\_ Mail to: Past Operator \_\_\_\_ New Operator

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#### Side Two

#### Must Be Filed For All Wells

Lease Name	MUNZ Location: 6 28 37WSW						
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)		
12	15067202130000/	1250FSL	FWL 1250FEL	GAS	ACTIVE		
			**************************************				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		-k		
		FSUFNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL		***************************************		
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		FSL/FNL	FEL/FWL				
	-	FSL/FNL	FEL/FWL	dallin vision and the state of			
***************************************		FSL/FNL	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.

OPERATOR: License # 32864	Well Location:				
Name: XTO ENERGY INC.					
Address 1:210 PARK AVENUE, SUITE 2350	County:Grant				
Address 2:	Lease Name: MUNZ Well #:1••2				
City: OKLAHOMA CITY State: OK Zip: 73102 +					
Contact Person: BRENDA WALLER	the lease below: T028S - R037W: SEC 006 SE4, S2 NE4, SE4 NW4, E2 SW4 (NENE) (NWNE) (NENW) (NWNW) (SWNW) (SWSW)				
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: State: Zip:+	<del></del>				
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	(Cathodic Protection Borehole Intent), you must supply the surface owners and				
the KCC with a plat showing the predicted locations of lease road	(Cathodic Protection Borehole Intent), you must supply the surface owners and ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat lered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entitled Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Nowwer(s) of the land upon which the subject well is or w 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(s)	ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat lered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  otice Act (House Bill 2032), I have provided the following to the surface vill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this to fax, and email address.  (s). Lacknowledge that, because I have not provided this information, the				
<ul> <li>the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entitled to select one of the following:</li> <li>I 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,</li> <li>I have not provided this information to the surface owner KCC will be required to send this information to the surface.</li> </ul>	ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat lered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  otice Act (House Bill 2032), I have provided the following to the surface rill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this				
the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entitied to select one of the following:    X   I certify that, pursuant to the Kansas Surface Owner New 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, which is the content of the surface owner of the surface owner of the surface owner of the surface owners of the surface owners of the surface owners of the surface owners owners of the surface owners owners of the surface owners o	ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat lered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  otice Act (House Bill 2032), I have provided the following to the surface vill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filled is a Form C-1 or Form CB-1, the plat(s) required by this can, and email address.  (s). I acknowledge that, because I have not provided this information, the face owner(s). To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form, the KSONA-1 andling fee with this form. If the fee is not received with this form, the KSONA-1				
<ul> <li>the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entitled to select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner New Owner(s) of the land upon which the subject well is or with CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number,</li> <li>I have not provided this information to the surface owner KCC will be required to send this information to the surface owner task, I acknowledge that I am being charged a \$30.00 has</li> </ul>	ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat lered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  otice Act (House Bill 2032), I have provided the following to the surface vill 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 is fax, and email address.  (s). I acknowledge that, because I have not provided this information, the lace owner(s). To mitigate the additional cost of the KCC performing this landling fee, payable to the KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 on CP-1 will be returned.				

## **Surface Owners**

API#: 15067202130000		Lease Name: MUNZ	Well # <u>12</u>	
Owner Name:	NEIDERT, MELVIN E	E & DARLA D.		
Address:	3850 W RD 8			
City:	ULYSSES	State: KS	Zip: 67880	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
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