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: MUST be submit | itted with this form. | | | |
|---|--|--|--|--|
| Oil Lease: No. of Oil Wells" | Effective Date of Transfer: 8/15/2014 | | | |
| Gas Lease: No. of Gas Wells | KS Dept of Revenue Lease No.: 227949 | | | |
| Gas Gathering System: | Lease Name: NEWBY | | | |
| Saltwater Disposal Well - Permit No.: | | | | |
| Spot Location:feet from N / S Line | | | | |
| feet from E / W Line | Legal Description of Lease: | | | |
| Enhanced Recovery Project Permit No.: | T032S - R035W: SEC 029 W2 SW4, E2 SW4, W2 SE4, E2 SE4, N2 | | | |
| Entire Project: Yes No | 142 | | | |
| Number of Injection Wells*** | County: Stevens | | | |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE | Production Zone(s): COUNCIL GROVE | | | |
| ** Side Two Must Be Completed. | Injection Zone(s): | | | |
| Contain Dit Dormit No. | feet from N / S Line of Section | | | |
| Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) | | | | |
| Cottling | | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling KH | | | |
| 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 | | | |
| | | | | |
| New Operator's License No | 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: | | | |
| 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 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.: | | | |
| Permit No.: Recommended action: | permitted by No.: | | | |
| | Date: | | | |
| Date: | Authorized Signature | | | |
| DISTRICT EPR _/2 -3-/4 | PRODUCTION UEC 0 4 2014 | | | |
| · · | atorDistrict | | | |



Side Two

Must Be Filed For All Wells

| KDOR Lease | No.: 227949 | | | | | |
|--------------|------------------------------|-----------------------------|--|-----|--------------------------------------|--|
| *Lease Name: | NEWBY | NEWBY Location: 29 32 35WNW | | | | |
| Well No. | API No. (YR DRLD/PRE '67) | - | Footage from Section Line (i.e. FSL = Feet from South Line) | | Well Status (PROD/TA'D/Abandoned) | |
| 229 | 15189225270000 🗸 | 1250FNL | 1250FWL | GAS | ACTIVE | |
| | | | | | | |
| White was a | | FSUFNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | | | | |
| 44.5.4 | | | | | • | |
| | | | 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 | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
| | | FSL/FNL | FEL/FWL | | | |
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| | | | | | | |

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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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. | NW Sec. 29 Twp. 32 S. R. 35 Eas West |
| Address 1: 210 PARK AVENUE, SUITE 2350 | |
| Address 2: | NEWDY |
| City: OKLAHOMA CITY State: OK Zip: 73102 + | |
| Contact Person: BRENDA WALLER | the lease below: |
| Phone: (405 319-3259 Fax: () | T032S - R035W: SEC 029 W2 SW4, E2 SW4, W2 SE4, E2 SE4, N2 |
| Email Address: BRENDA_WALLER@XTOENERGY.COM | |
| Surface Owner Information: | |
| Name: See Attached | |
| 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 |
| | a water and in the coal actate are mostly tay records of the county traceror |
| Address 2: | County, and in the real estate property tax records of the county is castice. |
| City: State: Zip:+ 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 roa | (Cathodic Protection Borehole Intent), you must supply the surface owners and ds. tank batteries, pipelines, and electrical lines. The locations shown on the plat |
| City: State: Zip:+ 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 roa | |
| 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 are preliminary non-binding estimates. The locations may be ensembled to be subjected to be of the following: X Certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or work CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number | (Cathodic Protection Borehole Intent), you must supply the surface owners and ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat tered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Totice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form deform being filed is a Form C-1 or Form CB-1, the plat(s) required by this to fax, and email address. |
| 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 are preliminary non-binding estimates. The locations may be end. Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or worker CP-1 that I am filing 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 sur | (Cathodic Protection Borehole Intent), you must supply the surface owners and ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat tered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Totice Act (House Bill 2032), I have provided the following to the surface will 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 |
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| 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 are preliminary non-binding estimates. The locations may be end. Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or worker CP-1 that I am filing 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 owner task, I acknowledge that I am being charged a \$30.00 half choosing the second option, submit payment of the \$30.00 has | (Cathodic Protection Borehole Intent), you must supply the surface owners and ds, tank batteries, pipelines, and electrical lines. The locations shown on the plat tered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Totice 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 the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this refax, and email address. To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form. The face owner(s). To mitigate the additional cost of the KCC performing this andling fee with this form. If the fee is not received with this form, the KSONA-1 and CP-1 will be returned. |

Surface Owners

| API#: <u>15189225270000</u> | Lease Name: <u>NEWBY</u> | | Well # <u>229</u> |
|-------------------------------|--------------------------|------------|-------------------|
| | | | |
| Owner Name: CRITES, RUSSELL 8 | R NICOLE | | |
| Address: P.O. BOX 278 | | | |
| City: HUGOTON | State: KS | Zip: 67951 | |
| | | | |
| Owner Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| | | | |
| Owner Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| | | | |
| Owner Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| _ | | | |
| Owner Name: | | | |
| Address: City: | State: | 7:m. | |
| City. | state: | Zip: | |
| Owner Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |