

081514_OF_Barnes_4.pdf

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:	ttea with this form.		
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 8/15/2014 KS Dept of Revenue Lease No.: N/A / Lease Name: O F BARNES		
X Gas Lease: No. of Gas Wells			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	Noneman A Basiliana P		
feet from DE / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T028S - R037W: SEC 001 All		
Entire Project: Yes No			
Number of Injection Wells **	County: Grant Production Zone(s): CHASE Injection Zone(s):		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.			
Surface Pit Permit No.:	teet from N / S Line of Section		
(API No. If Drill Pit, WO or Haul)	teet from		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA		
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	Signature: Tim Walch		
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: WGP-KHC LLC		
	Date: 08/15/2014		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titzwator		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
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	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		
DISTRICT EPR _//-2/-/4	PRODUCTION NOV 2 5 2014 UNOV 2 5 2014		
Mail to: Past Operator New Operator	or District		

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Side Two

Must Be Filed For All Wells

*Lease Name	O F BARNES		¹ Location: 1 28 37WSE			
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)	
4	15067213660000	1250FSL /	1435FEL (GAS	ACTIVE	
			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			
		FSL/FNL	FEL/FWL			
W-78-61		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		***	
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL		***************************************	
4-0400.00.00.00.00.00.00.00.00.00.00.00.00		FSL/FNL	FEL/FWL		44.7	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		-	
		FSL/FNL	FEL/FWL	who was a second of the second		
		FSL/FNL	FEL/FWL	W	_	

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.

Select the corresponding form being filed: C-1 (Intent) CB-	1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location: SESec. 1Twp.28S. R. 37Easl			
110111121	County:Grant			
Address 1: 210 PARK AVENUE, SUITE 2350	Lease Name: O F BARNES Well #.4			
Address 2:				
Contact Person: BRENDA WALLER	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T028S - R037W: SEC 001 All			
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 owner information can be found in the records of the register of deeds for the			
Address 1:				
Address 2:				
City: +				
the KCC with a plat showing the predicted locations of lease roads, to	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
Select one of the following:				
owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
I hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.			
Date: 8/15/2014 Signature of Operator or Agent: Tim We	Title: Vice President-Land			
API # :15067213660000 KDOR #N/A				

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Surface Owners

API#: 150672	213660000 Le	ase Name: OF BARN	ES	Well # <u>4</u>	
Owner Name:	HOWARD, GARY & SAU	INDRA			
Address:	100 E KING TERRACE				
City:	ULYSSES	State: KS	Zip: 67880		
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:		