the new operator and may continue to inject fluids as authorized by

Date:

\_\_\_\_\_ . Recommended action: \_

Authorized Signature

### 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: 8/15/2014 Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells \_\_\_\_\_ KS Dept of Revenue Lease No.: \_\_\_ Gas Gathering System:\_ Lease Name: PARKER ESTATE Saltwater Disposal Well - Permit No.: SW Sec. 34 Twp. 34 R. 36W EXW \_\_\_\_\_\_ feet from N/ S Line Legal Description of Lease: \_\_\_\_\_feet from E / W Line T034S - R036W: SEC 034 W2, E2 Enhanced Recovery Project Permit No.: \_\_\_ Entire Project: Yes No Number of Injection Wells \_\_\_\_ County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE \*\* 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) teet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover 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 Title: 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 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES 08/15/2014 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 \_\_\_\_ is acknowledged as

New Operator,

permitted by No.: \_\_\_\_

PRODUCTION NOV 2 6 2014

the new operator of the above named lease containing the surface pit

#### Side Two

#### Must Be Filed For All Wells

* Lease Name: PARKER ESTATE		* Location: 34 34 36WSW				
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)	
52 INF	15189220080001	1250FSL	1250FWL ′	н	ACTIVE	
			FEL/FWL			
	the state of the s	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			
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D		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	******		
	_	FSL/FNL	FEL/FWL			
WARRAN AND A STATE OF THE STATE		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	W. 404 - 1	***************************************	
	-			•		

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.

API#:15189220080001

#### 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)		
OPERATOR: License # 32864	Well Location:		
Name: XTO ENERGY INC.			
Address 1: 210 PARK AVENUE, SUITE 2350 Address 2:	County-Stevens		
Address 2:	Lease Name: PARKER ESTATE Well #.52 INF		
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T034S - R036W: SEC 034 W2, E2		
Contact Person: BRENDA WALLER			
Phone: ( 405 319-3259 Fax: ( )			
Email Address: BRENDA_WALLER@XTOENERGY.COM			
Surface Owner Information:	The state of the s		
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:	county, and in the real estate property tax records of the county treasurer.		
City:+			
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following:	k batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
t certify that, pursuant to the Kansas Surface Owner Notice Aowner(s) of the land upon which the subject well is or will be left.	ocated: 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		
I have not provided this information to the surface owner(s). La KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling	ncknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this gree, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	fee with this form. If the fee is not received with this form, the KSONA-1 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: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land		
ogradity of Operation of Agent	11007		

KDOR #221075

### **Surface Owners**

API#: 15189220080001		Lease Name: PARKER E	Well # <u>52 INF</u>					
Owner Name: GRAGE, ALLEN PARKER & LIEBKEMANN, SAN								
Address:	3408 AMHERST AVE	<b>.</b>						
City:	DALLAS	State: TX	Zip: 75225-7624					
Owner Name:								
Address:								
City:		State:	Zip:					
<b>,</b>			<b></b>					
Owner Name:								
Address:								
City:		State:	Zip:					
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Address:								
City:		State:	Zip:					
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Owner Name:								
Address:								
City:		State:	Zip:					