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:	l OMETODAA		
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.: 219737		
Gas Gathering System:	Lease Name: PARKER ESTATE		
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.:	T034S - R036W: SEC 033 W2, E2		
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):		
	Hybridan Zonaja.		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. If Drill Pit, WO or Haul)	feet from E / W Line of Section		
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:		
nae.	Olymatore.		
2000	Contact Parson NANCY FITZWATER		
New Operator's License No	Contact reson.		
New Operator's Name & Address: LINN OPERATING, INC.	Phone:		
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
	Date: 08/15/2014		
Title: _ REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tagwater		
THE REGULATORY COMPLIANCE SOF ENVISOR	Signature.		
The above request for transfer of injection	authorization, surface pit permit # has been		
Acknowledgment of Transfer: The above request for transfer of injection			
	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 calmouladed 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		
5,6,1,10	PRODUCTION UNE 25 70 14		
Mail to: Past Operator New Operator	or District		

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Side Two

Must Be Filed For All Wells

* Lease Name:	PARKER ESTATE		* Location: 33 34 36WSE		
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)
67 INF	15189217890001	500FSL <	2460FEL ^	Н	ACTIVE
	and a supplemental				
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		<u>-</u>
		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		
					
					under vertice de la company de

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.

32864	Well Location:		
OPERATOR: License # 32864 Name: XTO ENERGY INC.	SESec. 33 _Twp.34 _ S. R. 36East		
Address 1: 210 PARK AVENUE, SUITE 2350			
Address 2:	DADVED FOTATE		
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description		
Contact Person: BRENDA WALLER	the lease below:		
Phone: (405 319-3259 Fax: ()	T034S - R036W: SEC 033 W2, E2		
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:	county, and in the real estate property tax records of the county treasurer.		
City: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads.	thodic Protection Borehole Intent), you must supply the surface owners and 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 (Cathe KCC with a plat showing the predicted locations of lease roads.	thodic Protection Borehole Intent), you must supply the surface owners and		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice (Select or where Select or which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be supported by the land upon which the subject well is or will be subject.	ethodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
City: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will I CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, far I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface.	ethodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm 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 (Cathe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, fall I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hand.	ethodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address. I acknowledge that, because I have not provided this information, the electric owner(s). To mitigate the additional cost of the KCC performing this alling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.		

Surface Owners

API#: <u>151892</u>	<u>217890001 </u>	Lease Name: PARKER ESTA	TE	Well # <u>67 INF</u>
		** · ·		
Owner Name:	COX, CHERYL L B L	E1		
Address:	1400 S MONROE			
City:	HUGOTON	State: KS	Zip: 67951-3036	
Owner Name:				
Address:				
		_		
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
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Owner Name:				
Address:				
		State:	Zip:	
City:		Jiaic.	£iþ.	