### 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:	nea with this form.		
Oil Lease: No. of Oil Wells*	Effective Date of Transfer: 8/15/2014  KS Dept of Revenue Lease No.: 208321		
Gas Lease: No. of Gas Wells			
Gas Gathering System:	Lease Name: PERRILL 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.:	T035S - R038W: SEC 006 NW4 SEC 007 SW4, E2 NW4 T035S - R039W: SEC 012 SE4		
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens  Production Zone(s): COUNCIL GROVE  Injection Zone(s):		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Sectionfeet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling 以礼		
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 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: Nancy Titzwater		
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
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.:		
Data	Data		
Date:	Date:		
	PRODUCTION HIGH		
Mail to: Past Operator New Operato	or		

#### Side Two

### Must Be Filed For All Wells

*Lease Name:	PERRILL ESTATE		* Location: 6 35 38WNW			
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)	
12	15189203120000 /	3960FSL	3960FEL /	GAS	ACTIVE	
44-11-2			FEL/FWL			
		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.

API#:15189203120000

## 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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #32864  Name:XTO ENERGY INC.  Address 1:210 PARK AVENUE, SUITE 2350	Well Location:NW Sec. 6 Twp. 35 S. R. 38 East West County: Stevens			
Address 2:	Lease Name: PERRILL ESTATE Well #:12			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	It filling a Form T-1 tor multiple wells on a lease, enter the legal description of the lease below: T035S - R038W: SEC 006 NW4 SEC 007 SW4, E2 NW4 T035S - R039W: SEC 012 SE4			
Phone: ( 405 319-3259 Fax: ( )				
Email Address: BRENDA_WALLER@XTOENERGY.COM	10355 - R039W: SEC 012 SE4			
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			
Address 2:	owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+				
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
	ner(s). To mitigate the additional cost of the KCC performing this			
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-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to t	he best of my knowledge and belief.			
Date: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land			
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KDOR #208321

### **Surface Owners**

Owner Name: KRAMER ENTERPRISES  Address: 1114 S MONROE  City: HUGOTON State: KS Zip: 67951-2934  Owner Name:  Address: City: State: Zip:  Owner Name:  Address: City: State: Zip:	API#: 15189203120000		Lease Name: PERRILL ESTATE		Well # <u>12</u>
Address: 1114 S MONROE  City: HUGOTON State: KS Zip: 67951-2934  Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:					
City: HUGOTON State: KS Zip: 67951-2934  Owner Name:	Owner Name:	KRAMER ENTERPR	ISES		
Owner Name: Address: City: State: Zip:  Owner Name: Address: City: State: Zip:	Address:	1114 S MONROE			
Address: City: State: Zip:  Owner Name: Address: City: State: Zip:  Owner Name:	City:	HUGOTON	State: KS	Zip: 67951-2934	
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