RECEIVED AUG 20 2014 KCC WICHITA

081514_Petro_Tate_1.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: MUST be submit | nea with this form. | | | |
|---|--|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: 8/15/2014 | | | |
| X Gas Lease: No. of Gas Wells | KS Dept of Revenue Lease No.; 203072 | | | |
| Gas Gathering System: | Lease Name: _PETRO TATE | | | |
| 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.: | T027S - R036W: SEC 007 AII | | | |
| Entire Project: Yes No | | | | |
| Number of Injection Wells ** | County: Grant | | | |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE | | | | |
| ** Side Two Must Be Completed. | Production Zone(s): CHASE Injection Zone(s): | | | |
| 12 H 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 | injection Zone(s). | | | |
| Surface Pit Permit No.: | feet from N / S Line of Section | | | |
| (API No. if Drill Pit, WO or Haul) | feet from | | | |
| Type of Pit: Emergency Burn Settling | Hauf-Off Workover Drilling 人人 | | | |
| | | | | |
| 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 | Tim Welch | | | |
| Title: | Signature: | | | |
| New Operator's License No. 33999 | Contact Person: NANCY FITZWATER | | | |
| New Operator's Name & Address: LINN OPERATING, INC. | Phone: 281-840-4000 | | | |
| | 1 BORG. | | | |
| 600 Travis Street, Suite 5100 Houston, TX 77002 | Oil / Gas Purchaser: WGP-KHC LLC | | | |
| | Date: 08/15/2014 | | | |
| Title: REGULATORY COMPLIANCE SUPERVISOR | Signature: Nancy Pitzwater | | | |
| Acknowledgment of Transfer: The above request for transfer of injection a | 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 a | | | | |
| | | | | |
| 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.: | | | |
| | pormition by their | | | |
| Date: | Date: | | | |
| Authorized Signature | Authorized Signature | | | |
| DISTRICT EPR _//-2/-/4 F | PRODUCTION NOV 2 5 2014 UNOV 2 5 2014 | | | |
| ļ | or District | | | |



Side Two

Must Be Filed For All Wells

| *Lease Name: | PETRO TATE | | * Location: 8 | 27 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) |
| 1 | 15067002510000 / | 2310 FSL 330ESL | 2310 FEL ,330FEL | GAS | ACTIVE |
| | | *************************************** | | | |
| | | 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 | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNI | FEL/FWL | | |
| | | | | | |
| | | | | | THE STATE OF THE S |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | FSL/FNL | FEL/FWL | | |

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.

RECEIVED AUG 20 2014 KCC WICHITA

API#:15067002510000

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 (CB-1) | Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application) | | | |
|--|---|--|--|--|
| OPERATOR: License #32864 | Well Lecation: | | | |
| Name: XTO ENERGY INC. | SE Sec. 8 Twp.27 S. R. 36 East West | | | |
| Address 1: 210 PARK AVENUE, SUITE 2350 | County:Grant | | | |
| Address 2: | Lease Name: PETRO TATE Well #:1 | | | |
| City: OKLAHOMA CITY State: OK Zip: 73102 + | If filing a Form T-1 for multiple wells on a lease, enter the legal description of | | | |
| Contact Person: BRENDA WALLER | the lease below: T027S - R036W: SEC 007 All | | | |
| Phone: (405 319-3259 Fax: () | | | | |
| Email Address: BRENDA_WALLER@XTOENERGY.COM | | | | |
| Surface Owner Information: Name: See Attached Address 1: | 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 county, and in the real estate property tax records of the county treasurer. | | | |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filling in connection with this form; 2) if the form it | 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 | | | |
| form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling | cknowledge that, because I have not provided this information, the mer(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- | 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:Title: | | | |
| | | | | |

KDOR #203072

Surface Owners

| API#: 150670 | 002510000 | Lease Name: PETRO TATE | | Well # <u>1</u> | ···· |
|--------------|------------------|------------------------|------------|-----------------|------|
| | | | | | |
| Owner Name: | PETRO, RICHARD 8 | RITA FAMILY PTNSP LTD | | | |
| Address: | 112 EGRET COVE | | | | |
| City: | GEORGETOWN | State: TX | Zip: 78633 | | |
| | | | | | |
| 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: | | |