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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 submitted	tted with this form.		
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.: 203170 €		
Gas Gathering System:	Lease Name: PIPER		
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 - R037W: SEC 003 W2, SE4, NE4		
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.:	fact from NI / TS Line of Section		
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section		
- Catting	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling XX		
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		
Vice President Land	Tim Welch		
Title: Vice President-Land	Signature:		
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 Titgwater		
Acknowledgment of Transfer: The above request for transfer of injection a			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a	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 -3-/4 F	PRODUCTION DEC 0 4 2014 UIC DEC 0 4 2014		
Mail to: Past Operator New Operato			

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Side Two

Must Be Filed For All Wells

*Lease Name	PIPER	* Location: 3 35 37WSE			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet t		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2	15189007240000 🗸	1320FSL	1320FEL*	GAS	ACTIVE
*		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
***************************************		FSL/FNL	FEL/FWL		
	PARAMETER STATE OF THE STATE OF	FSL/FNL	FEL/FWL	-	
, <u>, , , , , , , , , , , , , , , , , , </u>		FSL/FNL	FEL/FWL	•	
	70 778 Brook (complete)	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
4.7.1					
		FSL/FNL			
		======	FEL/FWL		

		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.

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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.

OPERATOR: License # 32864					
OFERATOR: Liceise #	147.117				
Name: XTO ENERGY INC.	Well Location:				
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens				
Address 2:	Lease Name: PIPER Well #:2				
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Contact Person: BRENDA WALLER					
Phone: (405 319-3259 Fax: ()	T035S - R037W: SEC 003 W2, SE4, NE4				
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				
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:					
 The Interest of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be form; and 3) my operator name, address, phone number, fax, an Thave not provided this information to the surface owner(s). Lace 	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 ad email address.				
task, I acknowledge that I am being charged a \$30.00 handling t					
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	the best of my knowledge and belief.				
Date: 8/15/2014 Signature of Operator or Agent: Tim Welch	Title: Vice President-Land				

API # :15189007240000

KDOR #203170

Surface Owners

API#: <u>15189007240000</u>	Lease Name: PIPER		Well # <u>2</u>	
Owner Name: CLAGGET	T, RICHARD E & REBECCA S			
Address: 1281 ROA	D B			
City: HUGOTON	State: KS	Zip: 67951-5123		
Owner Name:				
Address:				
City:	State:	Zip:		
Owner Name:				
Address:				
City:	State:	Zip:		
Owner Name:				
Address:				
City:	State:	Zip:		
Owner Name:				
Address:				
City:	State:	Zip:		
City.	state.	Lip.		
Owner Name:				
Address:				
City:	State:	Zip:		