DISTRICT _______Mail to: Past Operator_

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 ___ HA 203073 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: RAPHELPS Saltwater Disposal Well - Permit No.: ___ SE Sec. 17 Twp. 27 R. 36W EXW ______feet from N / S Line Legal Description of Lease: _____feet from E / W Line T27S - R36W: SEC 17 ALL Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells _ County: Grant Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s): feet from N/ S Line of Section Surface Pit Permit No.: _ (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 パイ 32864 **BRENDA WALLER** Past Operator's License No. _ 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 Vice President-Land NANCY FITZWATER Contact Person: ___ New Operator's License No. -New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser:_ 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR 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 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

New Operator_

PRODUCTION NOV 1 8 2014

District

Side Two

Must Be Filed For All Wells

Lease Name	D A PHELPS	^ Location: 17 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	15067002360001 /	2410FSL	2310FEL	GAS	ACTIVE	
		agramma and a state of the stat			white condition to develop the special support to the special suppor	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	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				
		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			

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.

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	Well Location:			
Name: XTO ENERGY INC.	SESec. 17Twp.27S. R. 36East West			
Address 1: 210 PARK AVENUE, SUITE 2350				
Address 2:				
City: OKLAHOMA CITY State: OK Zip: 73102 +				
Contact Person: BRENDA WALLER				
Phone: (405 319-3259 Fax: ()	1213 - NOOW. SEC II ALL			
Email Address: BRENDA_WALLER@XTOENERGY,COM				
Surface Owner Information:				
Name: See Attached				
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 (C	Cathodic Protection Borehole Intent), you must supply the surface owners and			
City: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road:				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested one of the following: X Certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or will	Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Delice Act (House Bill 2032), I have provided the following to the surface libe located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Surface Owners

API#: 150670	002360001 Le	ease Name: RAPHEL	<u>PS</u>	Well # <u>1</u>	
Owner Name:	JEFFS LAND PTNSP				
Address:	ATTN: PHELPS, JERAL	D	108 S MCCALL ST		
City:	ULYSSES	State: KS	Zip: 67880		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
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Owner Name:					
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