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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:  | tea 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.: 220415                                       |  |  |
| Gas Gathering System:  | Lease Name: _ R BROWN  |  |  |
| Saltwater Disposal Well - Permit No.:  |  |  |  |
| Spot Location: feet from N / S Line  | 1  |  |  |
| feet from E / W Line   | Legal Description of Lease:  |  |  |
| Enhanced Recovery Project Permit No.:  | T035S - R037W: SEC 011 NE4, S2, NW4  |  |  |
| 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.:(API No. if Drill Pit, WO or Haul)                    | feet from N / S Line of Section feet from E / W Line of Section            |  |  |
| Type of Pit: Emergency Burn Settling   | Haul-Off   Workover   Drilling 🚜   |  |  |
|  |  |  |  |
| 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. 33999   | 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                                  |  |  |
|  | 00/45/0044   |  |  |
|  | D 4001   |  |  |
| Title: REGULATORY COMPLIANCE SUPERVISOR                                      | Signature: Nancy Titzwater   |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection a    | authorization, surface pit permit # has been                               |  |  |
| 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 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.:  |  |  |
| . Hovoranierwed denotit  | politicos by 140.  |  |  |
| Date:  | Date:  |  |  |
| Authorized Signature   | Authorized Signature   |  |  |
| DISTRICT EPR /2 ~ 4-/4 F   | PRODUCTION DEC 0 5 2014 UIDEC 0 5 2014                                     |  |  |
| Mail to: Past Operator New Operato   | or District  |  |  |

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#### Side Two

#### Must Be Filed For All Wells

| * Lease Name                       | R BROWN                                 | * Location; 11 35 37WSW  |         |                                   |                                       |
|------------------------------------|---|--|---------|-----------------------------------|---------------------------------------|
| Well No. API No. (YR DRLD/PRE '67) |   | Footage from Section Line (i.e. FSL = Feet from South Line)  |         | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned)  |
| 13 INF                             | 15189219070001                          | 1250FSL  | 2485FWL | HI                                | ACTIVE                                |
|                                    |   | William Willia |         |                                   | · · · · · · · · · · · · · · · · · · · |
|                                    |   | FSL/FNL  | FEL/FWL |                                   |                                       |
|                                    |   | FSL/FNL  | FEL/FWL |                                   |                                       |
|                                    |   | FSL/FNL  | FEL/FWL |                                   |                                       |
|                                    |   | FSL/FNL  | FEUFWL  |                                   |                                       |
|                                    |   | 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 |                                   |                                       |
|                                    |   |  |         |                                   |                                       |
|                                    |   |  |         |                                   |                                       |
|                                    |   |  |         |                                   |                                       |
|                                    |   |  | 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.

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API # :15189219070001

#### 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   | (Cathodic Protection Borehole Intent) X T-1 (Tra   | nsfer) CP-1 (Plugging Application)  |  |  |  |
|--|--|---|--|--|--|
| OPERATOR: License # 32864  Name: XTO ENERGY INC.  Address 1: 210 PARK AVENUE, SUITE 2350   | Well Location:SW Sec. 11 Twp.3 County:Stevens  | S. R. 37 East West  |  |  |  |
| Address 2:   | D DDOWN  | Well #: <b>13 INF</b>   |  |  |  |
| City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER   | It filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:   |   |  |  |  |
| Phone: (   | T035S - R037W: SEC 011 NE4, S2, NW4  |   |  |  |  |
| Surface Owner Information:           Name:         See Attached           Address 1:   | When filing a Form T-1 involving multiplesheet listing all of the information to the owner information can be found in the county, and in the real estate property to            | e left for each surface owner. Surface<br>records of the register of deeds for the  |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathothe KCC with a plat showing the predicted locations of lease roads, tart are preliminary non-binding estimates. The locations may be entered of Select one of the following:  X 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 | nk batteries, pipelines, and electrical lines<br>on the Form C-1 plat, Form CB-1 plat, or<br>Act (House Bill 2032), I have provided t<br>located: 1) a copy of the Form C-1, For | s. The locations shown on the plat a separate plat may be submitted. the following to the surface m CB-1, Form T-1, or Form |  |  |  |
| form; and 3) my operator name, address, phone number, fax, a  I have not provided this information to the surface owner(s). I a  KCC will be required to send this information to the surface or task, I acknowledge that I am being charged a \$30.00 handling  | and email address.<br>acknowledge that, because I have not pr<br>wner(s). To mitigate the additional cost  | ovided this information, the 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  | g fee with this form. If the fee is not rece<br>2-1 will be returned.  | eived with this form, the KSONA-1   |  |  |  |
|  |  |   |  |  |  |
| I hereby certify that the statements made herein are true and correct to   | o the best of my knowledge and belief.   |   |  |  |  |

KDOR #220415

### **Surface Owners**

| API#: 151892 | 219070001       | Lease Name: R BROWN  |                 | Well # 13 INF |
|--------------|-----------------|----------------------|-----------------|---------------|
|              |                 |                      |                 |               |
| Owner Name:  | GREWELL, DONALD | P & PHILLIS K LE ETA |                 |               |
| Address:     | 1114 ROAD A     |                      |                 |               |
| City:        | HUGOTON         | State: KS            | Zip: 67951-5125 |               |
|              |                 |                      |                 |               |
| 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:            |               |