RECEIVED AUG 20 2014 KCC WICHITA

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: X Gas Lease: No. of Gas Wells _ 207366 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: RCHILL Saltwater Disposal Well - Permit No.: ___ 15 Twp. 31 R. 36W EXW ______feet from N/S Line Legal Description of Lease: _____feet from F / W Line T031S - R036W: SEC 014 SW4 SEC 015 SW4, SE4, NW4 Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells_ County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **COUNCIL GROVE** 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) teet from E / W Line of Section スタ Type of Pit: Emergency Settling Haul-Off Workover Drilling **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 Signature: New Operator's License No. 33999 NANCY FITZWATER Contact Person: _ New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: WGP-KHC LLC 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: 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 ______. Recommended action: _ permitted by No.: __ Date: Authorized Signature Authorized Signature DISTRICT_ Mail to: Past Operator_ New Operator, District _

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Side Two

Must Be Filed For All Wells

*Lease Name	API No. (YR DRLD/PRE '67)	• Location: 15 31 36WNW			
Weil No.		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
		1714FSL	1390FWL	GAS	ACTIVE
	-				
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		HIP HARMANIA
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		and an approximately and the second
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		•
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
	-				
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	,				
		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	Well Location:			
Name: XTO ENERGY INC.	NW Sec. 15 Twp. 31 S. R. 36 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	04-			
Address 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			
Contact Person: BRENDA WALLER	the lease below: T031S - R036W: SEC 014 SW4 SEC 015 SW4, SE4, NW4			
Phone: (405 319-3259 Fax: ()	10313 - 1030W. SEC 014 3W4 SEC 013 3W4, SE4, NW4			
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:				
the KCC with a plat showing the predicted locations of lease roads	Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the plat			
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:	Cathodic Protection Borehole Intent), you must supply the surface owners and			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent)	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. 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			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent)	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. Actice 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			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent) or CB-1 (Intent) are preliminary non-binding estimates. The locations may be enterested one of the following: I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner(stack, I acknowledge that I am being charged a \$30.00 harms.	Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the platered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. 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 fax, and email address. S). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this indiing fee, payable to the KCC, which is enclosed with this form, the KSONA-1.			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Intent)	Cathodic Protection Borehole Intent), you must supply the surface owners and is, tank batteries, pipelines, and electrical lines. The locations shown on the plat bred on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It be 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 fax, and email address. I acknowledge that, because I have not provided this information, the lice owner(s). To mitigate the additional cost of the KCC performing this indling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned.			

Surface Owners

API#: <u>151892</u>	203790001	Lease Name: R C HILL		Well # <u>2</u>
Owner Name:	HILL, JOLEEN J			
Address:	2909 AMHERST AVE	Ē		
City:	MANHATTAN	State: KS	Zip: 66503-3084	
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:	