## 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 \_ KS Dept of Revenue Lease No.: Gas Gathering System:\_ Lease Name: RATCLIFF Saltwater Disposal Well - Permit No.: \_\_\_ \_Twp. \_\_33 \_\_\_\_\_\_ 37W SW Sec. \_ \_ feet from N / S Line Legal Description of Lease: \_\_\_\_\_ feet from E / W Line T033S - R037W: SEC 008 W2 SEC 017 W2 Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells\_ County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): \*\* Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: \_\_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover 名 Past Operator's License No. 32864 **BRENDA WALLER** 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 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 \_\_\_\_\_ . Recommended action: permitted by No.: Date: Date: Authorized Signature PRODUCTION \_\_\_ DISTRICT \_

District

New Operator

Mail to: Past Operator\_

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 203343		00000PV00021000000000				
* Lease Name:	RATCLIFF		* Location: 8 33 37WSW				
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
3	15189004100002	1320FSL	1320FWL	GAS	ACTIVE		
		***************************************					
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	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,

API#:15189004100002

## 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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:  SW Sec. 8 Twp. 33 S. R. 37 East West  County: Stevens  Lease Name: RATCLIFF Well #:3  It filling a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  T033S - R037W: SEC 008 W2 SEC 017 W2
Surface Owner Information:           Name:         See Attached           Address 1:	When filling 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.
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Notice Acomer(s) of the land upon which the subject well is or will be location. CP-1 that I am filling in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  It (House Bill 2032), I have provided the following to the surface 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
	knowledge that, because I have not provided this information, the per(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.
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	
I hereby certify that the statements made herein are true and correct to t	he best of my knowledge and belief.
Date: Signature of Operator or Agent: <i>Tim Welch</i>	Title:Vice President-Land

KDOR #203343

### **Surface Owners**

API#: 151890	004100002	Lease Name:	RATCLIFF		Well # 3			
Owner Name: SCHNITTKER, THOMAS G & KAY L TRS TTEE								
Address:	445 SE PARK HILLS	DR						
City:	PRATT	Sta	te: KS	Zip: 67124-8230				
Owner Name:								
Address:								
		C+o	tai	7in.				
City:		Sta	ie:	Zip:				
Owner Name:								
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