081514_Robert_Moore_1.pdf

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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 submit	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.: 202572				
Gas Gathering System:	Lease Name: ROBERT MOORE				
Saltwater Disposal Well - Permit No.:	NE_Sec. 11 Twp. 27 R. 37W EXW				
Spot Location: feet from N / S Line					
feet from E / W Line	Legal Description of Lease:				
Enhanced Recovery Project Permit No.:	T027S - R037W: SEC 011 N2, SE4, SW4				
Entire Project: Yes No					
Number of Injection Wells	County: Grant				
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE				
** 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)	teet fromE /W Line of Section				
Type of Pit: Emergency Burn Settling	Haul-Off				
Type of Pit: Emergency Burn Settling					
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				
Title:	Signature.				
New Operator's License No	Contact Person: NANCY FITZWATER				
New Operator's Name & Address: LINN OPERATING, INC.	Phone:				
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: WGP-KHC LLC				
	Date: 08/15/2014				
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fitzwater				
	authorization surface oft permit # has been				
Acknowledgment of Transfer: The above request for transfer of injection					
	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	NOV 1 8 2014 NOV 1 8 2014				
DISTRICT EPR	PRODUCTION UIC				
Mail to: Past Operator New Opera	tor District				

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Side Two

Must Be Filed For All Wells

	ROBERT MOORE	* Location, 11 27 37WNE			
Lease Name:		* Location: 11 27 37WNE			
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	15067003200000 /	2970FSL	2310FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL	WARRY 4-10-10-10-10-10-10-10-10-10-10-10-10-10-	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	***************************************	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		denoted which should be supplied to the same of the sa
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	***************************************	
	A	FSL/FNL	FEL/FWL		LANGUE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT
		FSL/FNL	FEL/FWL		4
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	<u>.,,</u>	
		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.

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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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	athodic Protection Borehole Intent)			
OPERATOR: License # 32864 Name: XTO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350	Well Location:NE Sec. 11 Twp.27 S. R. 37 East West County:Grant			
Address 2:	Lease Name: ROBERT MOORE Well #:1			
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 of the lease below:			
Phone: (405 319-3259 Fax: ()	T027S - R037W: SEC 011 N2, SE4, SW4			
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information: Name: See Attached Address 1:	When filing 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:	batteries, pipelines, and electrical lines. The locations shown on the plat			
I certify that, pursuant to the Kansas Surface Owner Notice Acommer(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	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			
I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling to	knowledge that, because I have not provided this information, the ner(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	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	the best of my knowledge and belief.			
Date: Signature of Operator or Agent:	Title: Vice President-Land			
- · · · · ·				

API # :15067003200000 KDOR #202572

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Surface Owners

API#: 150670	03200000	Lease Name: ROBERT M	OORE	Well # <u>1</u>	_
Owner Name:	MOORE, ROBERT A	FAMILY TRUST			
Address:	9643 N RD L				
City:	ULYSSES	State: KS	Zip: 67880		
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:		