RECEIVED AUG 20 2014 KCC WICHITA

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 KSDNA-1, Certification of Compliance with the Kansas Surface Owner Notification Act.

MUST be submitted with this form.

Check Applicable Boxes:	0/45/2044			
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.: 208348			
Gas Gathering System:	Lease Name: SPRINGER			
Saltwater Disposal Well - Permit No.:	<u>sw</u> sec. <u>8</u> Twp. <u>34</u> R. <u>37W</u> EXW			
Spot Location: feet from N / S Line	Legal Description of Lease:			
feet from L E / W Line	T034S - R037W: SEC 008 SW4 SEC 017 NE4, NW4, SW4			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No				
Number of Injection Wells **	County: Stevens Production Zone(s): COUNCIL GROVE			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE				
** 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)				
Type of Pit: Emergency Burn Settling	- Luming Luming			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KH			
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:			
Title:	Signature.			
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			
	Date: 08/15/2014			
	Valv.			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tuzwater			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
	+			
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	Authorized Signature 2 2014			
2,0,1,10	PRODUCTION DEC 0 2 2014 UID EC 0 2 2014			
New Operator	tor District			

RECEIVED AUG 20 2014 KCC WICHITA

Side Two

Must Be Filed For All Wells

Lease Name	SPRINGER		* Location: 8 34 37WSW			
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	
12	15189203570000 /	1390FSL	1250FEL	GAS	ACTIVE	
			FEL/FWL			
			FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL			
				and the state of t		
						

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.

RECEIVED AUG 20 2014 KCC WICHITA

API#:15189203570000

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 (Trans	fer) CP-1 (Plugging Application)		
OPERATOR: License # 32864	Well Location:			
Name: XTO ENERGY INC.				
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens			
Address 2:	Lease Name: SPRINGER	Well #:12		
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a	lease, enter the legal description of		
Contact Person: BRENDA WALLER	the lease below: T034S - R037W: SEC 008 SW4 SEC 017 NE4, NW4, SW4			
Phone: (405 319-3259 Fax: ()	10040 - NOOTW. GEO 000 000 7 0 000 000	···		
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information: Name: See Attached	When filing a Form T-1 involving multiple sheet listing all of the information to the	left for each surface owner. Surface		
Address 1:	owner information can be found in the re county, and in the real estate property ta	cords of the register of deeds for the crecords of the county treasurer.		
Address 2: State: Zip:+	, , ,			
Спу:тт				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following: X 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 form; and 3) my operator name, address, phone number, fax,	Act (House Bill 2032), I have provided the located: 1) a copy of the Form C-1, Form C-1, Form C-1, Form C-1, Form being filed is a Form C-1 or Form C-1, and email address.	separate plat may be submitted. ne following to the surface in CB-1, Form T-1, or Form the plat(s) required by this		
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	owner(s). To mittigate the additional cost c	a the NCC penorining uns		
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	g fee with this form. If the fee is not rece 2-1 will be returned.	ived with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct				
Date: Signature of Operator or Agent: Tim Web	Title:	ce President-Land		
Date: Signature of Operator of Agent:				

KDOR #208348

Surface Owners

API#: 15189203570000		Lease Name: SPRINGER			Well # <u>12</u>	
-						
Own or Namo	CORNELSON, LANC	E & VAN REE	KIIM TAMI			
		E & VAN BEL	Kom, izmi			
Address:	909 NOLAN RYAN					
City:	MIDLAND	Sta	ate: TX	Zip: 79706		
Owner Name:						
Address:						
City:		Sta	ate:	Zip:		
Owner Name:						
Address:						
		C+-	ate:	Zip:		
City:		30	atc.	Σι ρ .		
Owner Name:						
Address:						
City:		St	ate:	Zip:		
Owner Name:						
Address:						
City:		St	ate:	Zip:		
2.34.						
•						
Owner Name:	:					
Address:						
City:		St	tate:	Zip:		