#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: STONE Saltwater Disposal Well - Permit No.: NE Sec. 3\_Two. 33 R. 39W FEXW \_\_\_\_\_\_feet from N / S Line Legal Description of Lease: \_\_\_feet from | E / | W Line T033S - R039W: SEC 003 NE4 Enhanced Recovery Project Permit No.: 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.: \_\_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Past Operator's License No. 32864 / **BRENDA WALLER** Contact Person: Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 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: ONEOK FIELD SERVICES 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 DISTRICT \_ Mail to: Past Operator\_

**New Operator** 

#### Side Two

#### Must Be Filed For All Wells

* Lease Name	STONE	· Location: 3 33 39WNE			
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	15189004820000	3960FSL	1320FEL	GAS	ACTIVE
		<u> </u>	-		
		FSL/FNL	FEL/FWL		
3-41-3		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		Anna
		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		41-14
	Marie and the second se	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
	410 40 40 40 40 40 40 40 40 40 40 40 40 40				
	/4-81/NOIBIBIBI	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		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 # :15189004820000

### 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 (Cd	athodic Protection Borehole Intent) X T-1 (Transfer) 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: STONE Well #:1				
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T033S - R039W: SEC 003 NE4				
Contact Person: BRENDA WALLER					
Phone: ( 405 319-3259 Fax: ( )					
Email Address: BRENDA_WALLER@XTOENERGY.COM	<u>1</u>				
Surface Owner Information:					
lame: See Attached When filling a Form T-1 involving multiple surface owners, attach a					
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 county, and in the real estate property tax records of the county treasurer.				
Address 2:					
City:					
CP-1 that I am filing in connection with this form; 2) if the form be form; 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				
KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling for	ner(s). To mitigate the additional cost 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-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	he best of my knowledge and belief.				
Date: Signature of Operator or Agent:	Title: Vice President-Land				

KDOR #203705

# **Surface Owners**

API#: 15189004820000		Lease Name: STONE		Well # <u>1</u>
Owner Name:	BOZONE, DAVID LIV	TR DAVID & SHIRLEY TTEES		
Address:	176 ROAD R			
City:	ROLLA	State: KS	Zip: 67954-5500	
·			•	
Owner Name:				
Address:				
City:		State:	Zip:	
<b>,</b>				
Owner Name:				
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City:		State:	7:	
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