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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: | ted 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.: 203706 | | | |
| Gas Gathering System: | Lease Name: STURDY | | | |
| Saltwater Disposal Well - Permit No.: | | | | |
| Spot Location: feet from N / S Line | , | | | |
| feet from E / W Line | Legal Description of Lease: | | | |
| Enhanced Recovery Project Permit No.: | T034S - R037W: SEC 028 NE4 SEC 030 N2 T035S - R037W: SEC 007 SW4 | | | |
| Entire Project: Yes No | SEC 007 3994 | | | |
| 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) | | | | |
| | feet from E /W Line of Section | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling | | | |
| 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 | 00/45/2044 | | | |
| + | Date: U6/15/2014 Tim Welch | | | |
| Title: Vice President-Land | 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 | | | |
| | 0014 51004 4 | | | |
| | | | | |
| Title: REGULATORY COMPLIANCE SUPERVISOR | Signature: Nancy Ftigwater | | | |
| Acknowledgment of Transfer: The above request for transfer of injection a | authorization, surface pit permit # has been | | | |
| 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 a | 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: | | | |
| 12 /-// | THE OF YOUR THE OF 2 20 PM | | | |
| Mail to: Past Operator New Operator | TODOCTION | | | |
| | | | | |

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Side Two

Must Be Filed For All Wells

| ease Name: | STURDY | TURDY Location: 28 34 37WNE | | | | | |
|--|--|-------------------------------------|---------------------|-----------------------------------|-------------------------------------|--|--|
| Well No. | API No. (YR DRLD/PRE 167) | Footage from (i.e. FSL = Feet fr | | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned | | |
| 1 | 15189006070000 / | 3859 FSL 3960FBL | 1281 FEL 1320FEL | GAS | ACTIVE | | |
| | | | | | | | |
| | | FSUFNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| *** | | FSL/FNL | FEL/FWL | | - | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
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| ······································ | | FSL/FNL | FEL/FWL | | | | |
| · | | FSL/FNL | FEL/FWL | | | | |
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| | | FSL/FNL | FEL/FWL | | | | |
| | | FSL/FNL | FEL/FWL | | | | |
| | WANDOWS WITH STATE OF THE STATE | 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.

| OPERATOR: License # 32864 | 124 8 2 | | | | |
|---|--|--|--|--|--|
| | Well Location: | | | | |
| Name: XTO ENERGY INC. | | | | | |
| Address 1: 210 PARK AVENUE, SUITE 2350 | County: Stevens | | | | |
| Address 2: | | | | | |
| City: OKLAHOMA CITY State: OK Zip: 73102 + | It filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below: | | | | |
| Contact Person: BRENDA WALLER | T034S - R037W: SEC 028 NE4 SEC 030 N2 T035S - R037W | | | | |
| Phone: (<u>405</u> <u>319-3259</u> Fax: () | | | | | |
| Email Address. | - | | | | |
| Surface Owner Information: | | | | | |
| Name: See Attached | 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 | | | | |
| Address 1: | | | | | |
| Address 2: | county, and in the real estate property tax records of the county treasurer. | | | | |
| the KCC with a plat showing the predicted locations of lease roads, ta | nodic Protection Borehole Intent), you must supply the surface owners and onk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | | |
| Select one of the following: | | | | | |
| 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, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of | acknowledge that, because I have not provided this information, the powner(s). To mitigate the additional cost of the KCC performing this | | | | |
| task, I acknowledge that I am being charged a \$30.00 handling 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 CF | on fee with this form. If the fee is not received with this form, the KSONA.1 | | | | |
| | | | | | |
| hereby certify that the statements made herein are true and correct | to the best of my knowledge and belief. | | | | |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Surface Owners

| API#: 151890 | 006070000 | Lease Name: STURDY | | Well # <u>1</u> |
|--------------|------------------|--------------------|-----------------|-----------------|
| | | | | |
| Owner Name | STURDY, LYLE G & | DETTY | | |
| | | DEIII | | |
| Address: | 1112 S MONROE | | | |
| City: | HUGOTON | State: KS | Zip: 67951-2934 | |
| | | | | |
| 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: | |
| | | | | |