### 081514\_Waechter\_A1-2.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:			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
Gas Lease: No. of Gas Wells***			
Gas Gathering System:	Lease Name: WAECHTER		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	L.E.35		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T027S - R037W: SEC 006 AII		
Entire Project: Yes No			
Number of Injection Wells **	County: Grant		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): 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)	teet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling		
	tund tund		
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		
Ime:	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		
, , , , , , , , , , , , , , , , , , ,	00/45/0044		
	G (1)		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titgwater		
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been		
noted, approved and duly recorded in the records of the Kansas Corporation	n 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.:		
	permitted by No.,		
Date:	Date:		
Date:	Authorized Signature		
DISTRICT EPR _// -2/-/4	PRODUCTION NOV 2 5 2014 NUV 2 5 2014		
	ator District		

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#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 208497					
* Lease Name:	WAECHTER • Location: 6 27 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)	
A12	15067600020001	2310FSL	2970FEL	GAS	ACTIVE	
		<del></del>				
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	ANAXXXX	-	
	***************************************	FSL/FNL	FEL/FWL			
<del></del>		FSL/FNL	FEL/FWL			
***************************************		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL			
4.44 4.						
		<del></del>	FEL/FWL			
					-	
*****		CET NE				

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.

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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.

32864	144.94
OPERATOR: License # 32864  Name: XTO ENERGY INC.	
ALA DADIC AVENUE CHITE COSC	County:Grant
	Lease Name: WAECHTER Well #:A12
Address 2:	
City: Oricariomia GTT 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:
	T027S - R037W: SEG 006 All
Phone: ( 319-3259	<del>-</del>
Email Address:	_
Surface Owner Information:	
Name: See Attached	sheet listing all of the information to the left for each surface owner. Surface
Address 1:	Office Buch teleperior can be found by the register of deed for the
Address 2:	
City: State: Zip:+	
owner(s) of the land upon which the subject well is or will	te Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address.
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the e-owner(s). To mitigate the additional cost of the KCC performing this ling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form	ling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.
I hereby certify that the statements made herein are true and corre	ct to the best of my knowledge and belief.
<i>??</i> ♠	

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### **Surface Owners**

API#: 150676	500020001	Lease Name: <u>W</u>	AECHTER		Well # <u>A12</u>
Owner Name:	TNT CATTLE CO, LL	С			
Address:	ATTN: TYLER BAKE	R			
City:	ULYSSES	State:	KS	Zip: 80907	
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:	