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:	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.: 204273
Gas Gathering System:	Lease Name: WALKEMEYER
Saltwater Disposal Well - Permit No.:	SE NE Sec. 3 Twp. 34 P. 36W □ E XW
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from E / W Line	T034S - R036W: SEC 003 E2, E2 W2, SW4 NW4, W2 SW4
Enhanced Recovery Project Permit No.:	(NWNW)
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.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Sectionfeet 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	Date:08/15/2014
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 F 1204 4
	Vaiv.
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fitzwater
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 pi
Permit No.: Recommended action:	permitted by No.:
- TIDOURING WOOD.	
Date	Date:
Date:	Authorized Signature 001
DISTRICT EPR	PRODUCTION DEC 0 1 2014 DEC 0 1 2014
Mail to: Past Operator New Opera	itor District

Side Two

Must Be Filed For All Wells

* Lease Name	WALKEMEVED	4.00	* Location: 3	SE 34 36WNE	
Well No.	API No. (YR DRLD/PRE '67)		Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15189005430000 /	2551 FSL 2640 FSL	2451 FEL 2640FEL	GAS	ACTIVE

		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	WATER CONTRACTOR OF THE PARTY O	
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	94-1	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
-		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.

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	Well Location:		
Name: XTO ENERGY INC.	NE Sec. 3 Twp. 34 S. R. 36 East West		
	County:Stevens		
Address 1:210 PARK AVENUE, SUITE 2350 Address 2:	Lease Name: WALKEMEYER 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		
Contact Person: BRENDA WALLER	the lease below: T034S - R036W: SEC 003 E2, E2 W2, SW4 NW4, W2 SW4		
Phone: (405 319-3259 Fax: ()			
Email Address: BRENDA_WALLER@XTOENERGY.COM	_		
Surface Owner Information:			
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional		
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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City:			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, the are preliminary non-binding estimates. The locations may be entered. Select one of the following: I 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, factors will be required to send this information to the surface owner(s).	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e 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 the being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. I acknowledge that, because I have not provided this information, the enowner(s). To mitigate the additional cost of the KCC performing this		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KDOR #204273

API#:15189005430000

Surface Owners

API#: <u>151890</u>	005430000	Lease Name: WALKEMEY	EK	Well # <u>1</u>				
Owner Name:	R & L WALKEMEYER	PROPERTIES LP ETAL						
Address:	1607 S EISENHOWER							
City:	HUGOTON	State: KS	Zip: 67951					
Owner Name:								
Address:								
City:		State:	Zip:					
Owner Name:								
Address:								
City:		State:	Zip:					
Owner Name:								
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City:		State:	Zip:					
Owner Name:								
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Owner Name:								
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