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## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 Merch 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,

Check Applicable Boxes: MUST be submittee	
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
X Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 220714
Gas Gathering System:	Lease Name: GOERTZ A
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.:	T026S - R037W: SEC 028 All
Entire Project: Yes No	
Number of Injection Wells***	County: Kearny
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 Section
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling 서
Past Operator's License No	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	
	Tim Welch
Title: Vice President-Land	Signature:
New Operator's License No	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
OUV Havis Succe, Succession, 1997	
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fitzwater
Acknowledgment of Transfer: The above request for transfer of injection at	uthorization, surface pit permit #has beer
noted, approved and duly recorded in the records of the Kansas Corporation C	ommission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the ab	bove 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 pi
Permit No.: Recommended action:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR /2 -11-14 PR	RODUCTION DEC 1 2 2014 UD EC 1 2 2014
Mail to: Past Operator New Operator	District

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#### Side Two

#### Must Be Filed For All Wells

* Longo Nom-	GOERTZ A		* Location:_28	8 26 37WNW		
* Lease Name:			Location			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)		Status )/Abandoned)
A3 INF	15093214830000	1250FNL	2500FWL /	H	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		# 1411 41 <u>-241</u>	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			ittele) <u>1 april – Ira</u> 1 april – Italia
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSUFNL				
		FSL/FNL	FEL/FWL			
		FSL/FNL			- - -	
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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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API#:15093214830000

## 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 (C	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License #	Well Location:		
Name: XTO ENERGY INC.			
Address 1: 210 PARK AVENUE, SUITE 2350	County:Kearny		
Address 2:	Lease Name: GOERTZ A Well #: A3 INF		
City: OKLAHOMA CITY State: OK Zip: 73102 +  Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
	T026S - R037W: SEC 028 All		
Phone: (			
Surface Owner Information:         Name:       See Attached         Address 1:	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 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, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:  [X] I certify that, pursuant to the Kansas Surface Owner Notice Actions and the surface of the following:	lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat of the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, ar	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 address.		
I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
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	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.		
I hereby certify that the statements made herein are true and correct to			
Date: Signature of Operator or Agent: Tim Wolch	Titte: Vice President-Land		
Organia or Operator or Agents			

**KDOR #220714** 

### .....

### **Surface Owners**

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API#: 15093214830000	Lease Name: GOERTZ A	<b>\</b>	Well # <u>A3 INF</u>
Owner Name: HEEKE, LAURA I	MARIE TRUSTEE		
Address: 2112 N TEJON			
City: COLORADO SPR	RINGS State: CO	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:	