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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 _ 200390 KS Dept of Revenue Lease No .: Gas Gathering System: Lease Name: BROWN Saltwater Disposal Well - Permit No.: __ feet from N/ S Line Legal Description of Lease: __ feet from __ E / __ W Line T025S - R034W: SEC 003 All Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells. County: __Finney Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):_ ** 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 feet from Settling Haul-Off Workover Drilling Type of Pit: Burn Emergency KH Past Operator's License No. 32864 **BRENDA WALLER** Contact Person: Past Operator's Name & Address: XTO ENERGY INC. Phone: 405-319-3259 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** 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 Date: Title: REGULATORY COMPLIANCE SUPERVISOR 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 permitted by No.: _ _ . Recommended action: Date: Date: Authorized Signature DISTRICT -

New Operator

Mail to: Past Operator_

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Side Two

Must Be Filed For All Wells

* Lease Name	BROWN		Location: 3	25 34WSW	
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)	Well Status (PROD/TA'D/Abandoned
16	15055005930000 /	1320FSL	3960FEL -	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	aga 1.5 da estado en 15 de estado en 15 de estado en 15 de empresa de estado en 15 de empresa de estado en 15 Os decembros en 15 de empresa de Os decembros en 15 de empresa de	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		
		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		
		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.

00004	
OPERATOR: License # 32864	
Name: XTO ENERGY INC.	
Address 1: 210 PARK AVENUE, SUITE 2350	County:Finney
Address 2:	
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	T025S - R034W: SEC 003 All
Phone: (
Email Address: BRENDA_WALLER@XTOENERGY.COM	
Surface Owner Information:	
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an addition
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 control of the register of deeds for the
Address 2:	I fab.
City: State: Zip:+	
the KCC with a plat showing the predicted locations of lease ro-	(Cathodic Protection Borehole Intent), you must supply the surface owners ands, tank batteries, pipelines, and electrical lines. The locations shown on the platered on 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	Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by this r, fax, and email address.
KCC will be required to send this information to the su	r(s). I acknowledge that, because I have not provided this information, the face owner(s). To mitigate the additional cost of the KCC performing this landling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 l form and the associated Form C-1, Form CB-1, Form T-1, or Fi	andling fee with this form. If the fee is not received with this form, the KSONA rm CP-1 will be returned.
I hereby certify that the statements made herein are true and c	
Date: Signature of Operator or Agent: Time	OVach Title: Vice President-Land
API # :15055005930000 KDOR #	

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

Surface Owners KCC WICHITA

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API#: <u>150550</u>	05930000	Lease Name: BROWN		Well # <u>16</u>	· :
Owner Name:	TRI-STATE GENERA	TION AND TRANSMISSION AS	SOC INC		
Address:	PO BOX 33695				
City:	DENVER	State: CO	Zip: 80233-0695		
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:		