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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,

Check Applicable Boxes: MUST be submitted.					
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.: 214575				
Gas Gathering System:	Lease Name: BROWN				
Saltwater Disposal Well - Permit No.:	NW.Sec. 27 Twp. 24 R. 34W FXW				
Spot Location: feet from N / S Line					
feet from E / W Line	Legal Description of Lease: T024S - R034W: SEC 027 All				
Enhanced Recovery Project Permit No.:	10245 - R034W: SEC 02/ All				
Entire Project: Yes No					
Number of Injection Wells **	County: Finney				
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COMMINGLE CHASE/COUNCIL GF				
** Side Two Must Be Completed.	Injection Zone(s):				
	feet from N / S Line of Section				
Surface Pit Permit No.: (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 よん				
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				
	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				
	CAC 200				
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titzwator				
Acknowledgment of Transfer: The above request for transfer of injection a					
	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:				
Authorized Signature	Authorized Signature 2014				
I FREE STATE (1)	PRODUCTION DEC 1 9 2014 UDEC 1 0 2014				
Mail to: Past Operator New Operato	or District				

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Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 214575						
* Lease Name:	BROWN		* Location: 27	7 24 34WNW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet t	n Section Line from South Line)	Type (Oil/Gas/	of Well INJ/WSW)	We (PROD/TA	il Status ('D/Abandoned)
2728	15055205950002	4951FSL "	4969FEL	GAS		ACTIVE	
		— 1 401,433 , jililililililil 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
		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					
		FSL/FNL				. 	
		FSL/FNL					
		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.

Select the corresponding form being filed: C-1 (Intent)CB-1 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #	Well Location:				
OPERATOR: License #	NW Sec. 27 Twp. 24 S. R. 34 East West				
Address 1: 210 PARK AVENUE, SUITE 2350	County:Finney				
Address 2:	Lease Name: BROWN Well #:2728				
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 the lease below: T024S - R034W: SEC 027 All				
Phone: (405 \$19-3259 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 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on	batteries, pipelines, and electrical lines. The locations shown on the plat				
Select one of the following:					
X I certify that, pursuant to the Kansas Surface Owner Notice Acowner(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, an	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ping filed is a Form C-1 or Form CB-1, the plat(s) required by this				
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	knowledge 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	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.				
I hereby certify that the statements made herein are true and correct to	he best of my knowledge and belief.				
Date: 8/15/2014 Signature of Operator or Agent: Tim Welch	Title: Vice President-Land				

KDOR #214575

API#:15055205950002

Surface Owners KCC WICHITA

Owner Name:

Address:

City:

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	—	
API#: <u>15055205950002</u>	Lease Name: BROWN	Well # <u>2728</u>
Owner Name: IBP, INC Address: TAX DEPT	PO BOX 2020	
City: SPRINGDALE	State: AR Zip: 72765-2020	0
Owner Name: Address:		
City:	State: Zip:	
Owner Name:		
Address: City:	State: Zip:	
Owner Name:		
Address: City:	State: Zip:	
Owner Name:		
Address:		
City:	State: Zip:	

Zip:

State: