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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 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 011 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) W Line of Section feet from Type of Pit: Burn Settling Haul-Off Workover Drilling KN 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 Date: 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 Signature: _ 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 Permit No.: ____. Recommended action: permitted by No.: _ Date: Date: Authorized Signature Authorized Signature DISTRICT -PRODUCTION ___ Mail to: Past Operator ___ New Operator

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Side True

Must Be Filed For All Wells

	BROWN		11	1 25 34WC	
* Lease Name:			* Location:_1		
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)
3	15055006010000 /	2440 2640FSL	2440 2640 FEL	GAS	ACTIVE
		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			
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		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.

32864					
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:C Sec. 11 Twp.25 S. R. 34East West				
Name: XTO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350					
	PD01/41				
Address 2:					
Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Phone: (405 319-3259 Fax: ()	T025S - R034W: SEC 011 All				
Email Address: BRENDA_WALLER@XTOENERGY.COM					
Email Address:					
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 county, and in the real estate property tax records of the county treasurer.				
Address 2:					
City:					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads)	Cathodic Protection Borehole Intent), you must supply the surface owners and the tank batteries, pipelines, and electrical lines. The locations shown on the plat ared on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enter Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, form I have not provided this information to the surface owner(s) KCC will be required to send this information to the surface	cathodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The form C-1 plat is a separate plat may be submitted. The form C-1 plat is a separate plat may be submitted. The form C-1 plat is a separate plat may be submitted. The form C-1 plat is a separate plat is a separ				
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Surface Owners KCC WICHITA

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API#: <u>15055</u>	006010000	Lease Name: <u>BROWN</u>		Well # <u>3</u>			
Owner Name	: TRI-STATE GENE	RATION AND TRANSMISSION A	SSOC INC				
		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:				