081514_Brown_4.pdf

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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: MUST be submit	tted with this form.
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.: 200378
Gas Gathering System:	Lease Name: BROWN
Saltwater Disposal Well - Permit No.:	000
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T025S - R034W: SEC 009 S2 SEC 010 S2
Entire Project: Yes No	
Number of Injection Wells**	County: Finney
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 fromN /S Line of Section
	feet fromE /W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling Ky
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: Tim Welch
	Signature;
New Operator's License No33999 /	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
	Date: 08/15/2014
Title: _ REGULATORY COMPLIANCE SUPERVISOR	Signature:
	Signature.
Acknowledgment of Transfer: The above request for transfer of injection a	authorization author all namit #
	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 a	
Commission records only and does not convey any ownership interest in the a	wove injection weits) of 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 EPR 12-18-14 P	PRODUCTION DEC 1 9 2014 UICE 1 9 2014
Mail to: Past Operator New Operator	rDistrict

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Side Two

Must Be Filed For All Wells

* Lease Name:	BROWN		* Location: 10	25 34WSW	
Well No.	API No. (YR DRLD/PRE '67)	Footage fron (i.e. FSL = Feet	n Section Line from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
4	15055006000000	(320 2640FSL	3860 284 8FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		eri elingisi Sa lah Salah Balanggil
		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		
<u> </u>	<u> 1948 - January Brief</u>	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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API#:15055006000000

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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 32864	Well Location:			
Name: XTO ENERGY INC.	SW Sec. 10 Twp.25 S. R. 34 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County: Finney			
Address 2:	Lease Name: BROWN Well #:4			
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description			
Contact Person: BRENDA WALLER	the lease below: T025S - R034W: SEC 009 S2 SEC 010 S2			
Phone: (405 319-3259 Fax: ()	10255 - R034W: SEC 009 52 SEC 010 52			
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 sheet listing all of the information to the left for each surface owner. Surface			
Address 1:	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:				
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and abstraction by batteries, pipelines, and electrical lines. The locations shown on the plate the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be keeping.	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being 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 a KCC will be required to send this information to the surface owners, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the rner(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-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.			
I hereby certify that the statements made herein are true and correct to				
Date: Signature of Operator or Agent: Tim Wald	Title:Title:			
API # ·15055006000000 KDOR #200378				

Surface Owners

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API#: 15055	006000000	_ Lease Name: BROWN		Well # <u>4</u>
Owner Name:	TRI-STATE GENE	RATION AND TRANSMISSION A	SSOC 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:	