RECEIVED AUG 20 2014 KCC WICHITA

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 Dooss. Check Applicable Dooss. Check Applicable Dooss. Check Applicable Occasion: Gas Cast Cathering System: Gas Cathering Systems:	Form KSONA-1, Certification of Compliance with MUST be submitted	l with this form.
Gas Lease: No. of Gas Wells Gas Cathering System: Sellwater Disposal Wells - Permit No: Selline Spot Location: Self from Project Well Line Self from Self f	그걸 그는 그들이 그 그들은 그는 그는 그를 보는 것이 되었다. 그는 그는 그는 그를 모르는 것이 되었다. 그 네트	Effective Date of Transfer:
Gas Gathering System: Saltwater Disposal Well - Permit No Seet from N / S Line feet from E / W Line		스 뿐 요. 요. # 보기 전 놈 전 요. # 보고 있는 하는 말로 말을 수 없는 요. 요
Saltwater Disposal Well - Permit No.: Spot Location: Spot Location: Seet from Seet from No. No. Line Spot Location: Seet from Seet No. Service Project Yes No. Number of Injection Wells Surface Pit Permit No.: Surface Pit Permit No.: Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No.: Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No.: Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No.: Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. Apr No. # Dris Pit, Word Priss No. Surface Pit Permit No. App No. # Dris Pit, Word Priss No. Surface Pit Permit No. App No. # Dris Pit, Word Priss No. Surface Pit Permit No. App No. # Dris Pit, Word Priss No. Surface Pit Permit No. App No. # Dris Pit, Word Priss No. Surface Pit Permit No. App No. # Dris Pit, Word Priss No. Surface Pit Permit No. App No. # Dris Pit, Word Priss No. Surface Pit Permit No. App No. # Dris Pit, Word Priss No. Surface Pit Permit Permi		
Spot Location:	to the common of the common that the common to the common the common that the common the common that the common	
Enthrenced Recovery Project Permit No:		NE_SecTwpREXVV
Enhanced Recovery Project Permit No: COMBINED PUGGOTON PANOMA COUNCIL GROVE Production Zone(s): Surface Pit Permit No: (API No: If Drai Pt, WO or Haw) Surface Pit Permit No: (API No: If Drai Pt, WO or Haw) Settling Haul-Off Workover Drilling Line of Section feet from N / S Line of Section feet from N / S Line of Section Haul-Off Workover Drilling Contact Person: BRENDA WALLER Phone: 405-319-3259 Date: 08/15/2014 Signature: Title: Vice President-Land Signature: New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's License No. 33999 / Contact Person: NANCY FITZWATER Phone: 281-840-4000 Oil / Gas Purchaser: OB/15/2014 Signature: New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 Oil / Gas Purchaser: OB/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Mancy FITZWATER Phone: 281-840-4000 Oil / Gas Purchaser: OB/15/2014 Signature: Mancy FITZWATER Phone: 281-840-4000 Trilling: Date: 08/15/2014 Signature: Nancy FITZWATER Phone: 281-840-4000 Trilling: Date: 08/15/2014 Signature: Nancy FITZWATER Phone: 281-840-4000 Date: 08/15/2014 Signature: Nancy FITZWATER Phone: 281-840-4000 Trilling: 181-840-4000 Date: 08/15/2014 Signature: Nancy FITZWATER Phone: 281-840-4000 Date: 08/15/2014 Date: 08/15		and the control of th
Number of Injection Wells	Enhanced Recovery Project Permit No.:	
Number of Injection Wells	Entire Project: Yes No	
Production Zone(s):	Number of Injection Wells **	County: Finney
Surface Pit Permit No.: (API No. II DIB PIL, WO or Haul)	COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
Surface Pit Permit No.: (AFI No. II Drill PIt, WO or Haw) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling A 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 Signature: Time Widely Signature: NANCY FITZWATER New Operator's License No. 33999 Contact Person: NANCY FITZWATER New Operator's License No. 33999 Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 Date: 08/15/2014 Oli / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Signature: Wing Wagnature Akknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has be 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 acknowl	Field Name:	Injection Zone(s):
Surface Pit Permit No.: (API No. if Drill PI, WO or Haw) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling LA Past Operator's License No. 32864 C Contact Person: BRENDA WALLER Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Date: 08/15/2014 Title: Vice President-Land Signature: MANCY FITZWATER New Operator's License No. 33999 C Contact Person: NANCY FITZWATER New Operator's License No. 33999 Date: 08/15/2014 Signature: NANCY FITZWATER Date: 08/15/2014 Signature: Mancy FITZWATER Date: 08/15/2014 Signature: Mancy Fitzwater Authorized Signature is a convenience of the above named lease containing the surface permit not in acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date: Authorized Signature Date: Authorized Signature		feet from N/S Line of Section
Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Like	Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling Fraunch F		The Black
Past Operator's License No. 32864 / Contact Person: Phone: 405-319-3259 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Date: 08/15/2014 Title: Vice President-Land Signature: MANCY FITZWATER New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Makes Tignature: Makes Tignature Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has be 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 the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date: Authorized Signature Date: Authorized Signature TIFC 2 2 7014 DEC 2 2 2014	Type of Pit: Emergency Burn Settling	Hani-ou Aaguraas SW
Past Operator's License No. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 Phone: 405-319-3259 Phone: 281-840-4000 Phone: 281-840-4000 Phone: 405-319-3259 Phone: 281-840-4000 Phone: 405-319-3259 Phone:	32864	Contact Person: BRENDA WALLER
Past Operator's Name & Address: 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land New Operator's License No		
Title: Vice President-Land Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Signature: S	Past Operator's Name & Address: XTO ENERGY INC.	
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 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Management of Transfer: The above request for transfer of injection authorization, surface pit permit # has be 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 the new operator and may continue to inject fluids as authorized by Permit No.: Second action: Date: Authorized Signature	210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102	Date:
New Operator's License No. 33999 / Contact Person:	Title. Vice President-Land	Signature:
New Operator's License No. 33999 / Contact Person. New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000 Figure 1		
New Operator's License No		Contact Parson: NANCY FITZWATER
New Operator's Name & Address: LINN OPERATING, INC. 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Warrey Figurator Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #	New Operator's License No. 33999 /	
Oil / Gas Purchaser:ONEONTIES STREET Date:O8/15/2014 Title:REGULATORY COMPLIANCE SUPERVISOR Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:	New Operator's Name & Address: LINN OPERATING, INC.	Phone: The state of the state o
Date:	600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES
Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		Date: 08/15/2014
Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		Signatura: Nancy Titywater
noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of dutation potential Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	Title: REGULATORY COMPLIANCE SUPERVISOR	Signature.
noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of dutation potential Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.		has been
	Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #
	nated approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledging it of trainers portrain
	Commission records only and does not convey any ownership interest in the	above injection well(s) or pit permit.
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:		
Permit No.: Recommended action: permitted by No.: Date: Authorized Signature DEC. 2.2.7014DEC. 2.2.20	is acknowledged as	
Permit No.: Recommended action: permitted by No.: Date: Authorized Signature Permitted by No.:	the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
Date: Authorized Signature		permitted by No.:
Date: Date: Authorized Signature Authorized Signature DEC 2 2 201		
Date:Authorized Signature DFC 2 2 7014 UDEC 2 2 201		Date:
NFC 2 2 7014	Date:	Authorized Signature
EPB (d 7 7 7 7 PRODUCTION	500 /2-19-14	PRODUCTION
DISTRICT District New Operator District		ator District

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Side Two

Must Be Filed For All Wells

* I anna *!	BROWN		* Location: 17	7 25 34WNE	
* Lease Name:			Locations		
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)
5	15055006070000	2970FSL-	2310FEL~	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		
	HERA SER T	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	e <u>- Andrea Andrea Andrea</u> Andrea	
		FSL/FNL			
		FSL/FNLFSL/FNL			
		FSL/FNL			
		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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API#:15055006070000

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.	NE Sec. 17 Twp.25 S. R. 34 East West
Address 1: 210 PARK AVENUE, SUITE 2350	County: Finney
Address 2:	Lease Name: BROWN Well #:5
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: BRENDA WALLER	the lease below:
Phone: (405 319-3259 Fax: ()	T025S - R034W: SEC 017 All
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:	
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and abutteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
X 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 KCP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	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
task, I acknowledge that I am being charged a \$30.00 handling	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 Welch	Title: Vice President-Land
API # ·15055006070000 KDOR #200379	

Surface Owners KCC WICHITA

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API#: <u>150550</u>	006070000	Lease Name: BROWN		Well # <u>5</u>
Owner Name:	KOSTER, KATHY TR	UST dated 12/15/06		
Address:	PO BOX 897			
City:	GARDEN CITY	State: KS	Zip: 67846-0897	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
City.		State.	p.	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	