081514 Brown 9-11.pdf

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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: 8/15/2014 Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells 220547 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 026 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 S Line of Section (API No. If Drill Pit, WO or Haul) E / W Line of Section Type of Pit: **Emergency** Settling Haul-Off Burn 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/	Contact Person: NANCY FI	TZWATER		
New Operator's Name & A	ddress: LINN OPERATING, INC.	Phone:281-840-4000			
600 Travis Street, Suite 5	i100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK F	IELD SERVICES		
		Date: 08/15/2014			
Title: REGULATORY CO	MPLIANCE SUPERVISOR	Signature: Nancy Titgwater			
			. January		
	ecorded in the records of the Kansas Corporat and does not convey any ownership interest in	the above injection well(s) or pit permit.			
	is acknowledged a			is acknowle	•
	ay continue to inject fluids as authorized b			ntaining the su	rface pit
Permit No.:	Recommended action:	_ permitted by No.:	<u></u> . 191		
Date:					
	Authorized Signature		Authorized	Signature	
	EPR 12-18-14 New Ope	_ PRODUCTION DEC 1 9 2014 erator		C 19 20	14

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Side Two

Must Be Filed For All Wells

* Lease Name:	BROWN		* Location: 26	6 25 34WNW		
Well No.	API No. (YR DRLD/PRE 67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
911	15055214140000 /	1250FNL ~	1250FWL	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	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		al y Janier Milierius Augusta de Angelous	
		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#:15055214140000

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 #32864 Name: XTO ENERGY INC.	Well Location:NWSec26Twp.25S. R. 34Easi West				
Name: ATO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350	County: Finney				
	Lease Name: BROWN Well #:911				
Address 2:					
Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below: T025S - R034W: SEC 026 All				
Phone: (\$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 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:					
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 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 location. 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, and	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing 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 own 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	the best of my knowledge and belief.				
Date: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land				
Date: Signature of Operator or Agent: Signature of Operator or Agent:	Tuo.				

KDOR #220547

Surface Owners

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API#: 150552	214140000	Lease Name: BROWN		Well # <u>911</u>
Owner Name:	J O CATTLE COMPA	NY INC		
Address:	PO BOX 7			
City:	HOLCOMB	State: KS	Zip: 67851-0007	
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:	7in:	