KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 Merch 2010 Form must be Typed Form must be Signed

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.: 200300 Gas Gathering System:_ Lease Name: BROWNE Saltwater Disposal Well - Permit No.: ___ NW_ NW_ NW_ SE Sec. 8 Twp. 25 R. 37W EXW __ feet from N / S Line Legal Description of Lease: _____ feet from E / W Line T25S-R37W: SEC 8 ALL Enhanced Recovery Project Permit No.: ___ Entire Project: Yes No Number of Injection Wells_ County: KEARNY Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE ** 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) E / W Line of Section feet from Type of Pit: Emergency Burn Settlina Haul-Off Drilling Workover 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 / **NANCY FITZWATER** Contact Person-New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: 08/15/2014 Date:_ Nancy Fitzwater 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 the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit _____. Recommended action: permitted by No.: ___ Authorized Signature Authorized Signature DISTRICT ... Mail to: Past Operator____ **New Operator**

Side Two

Must Be Filed For All Wells

Lease Name:	BROWNE	* Location: 8 25 37WSE				
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	
1-8 (NPI)	15093190150000	2440FSL	2440FEL	GAS	PR	
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	<u> </u>	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		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	4.		
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		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.

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.

	B-1 (Cathodic Protection Borehole Intent)				
OPERATOR: License # 32864	Well Location: NW NW NW SE Sec. 8 Twp.25 S. R. 37 East West				
Name: XTO ENERGY INC.					
Address 1: 210 PARK AVENUE, SUITE 2350					
Address 2:					
City: OKLAHOMA CITY State: OK Zip: 73102 +	The state of the s				
Contact Person: BRENDA WALLER	the lease below: T25S-R37W: SEC 8 ALL				
Phone: (405 319-3259 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:					
City: State: Zip: +	<u> </u>				
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 file form; and 3) my operator name, address, phone number, form; and 1 have not provided this information to the surface owner(s KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 hand of the second option, submit payment of the \$30.00 hands.). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1				
form and the associated Form C-1, Form CB-1, Form T-1, or Form I hereby certify that the statements made herein are true and corre					
Date:8/15/2014 Signature of Operator or Agent:	Valch Title: Vice President-Land				
API # :15093190150000 KDOR #2003	300				

Surface Owners

API#: <u>150931</u>	190150000	Lease Name: BROWNE		Well # <u>1-8 (NPI)</u>
Owner Name:	PEPPER, JACK R AN	ID AMY		
	PO BOX 278			
City:	LAKIN	State: KS	Zip: 67860	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
City.		State.	21p.	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
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Owner Name:				
Address:				
City:		State:	Zip:	