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,
MIST he 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.: N/A 2202/5
Gas Gathering System:	Lease Name: BROWNELL
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T032S - R035W: SEC 006 E2 SW4, SE4, S2 NE4, SE4 NW4
Entire Project: Yes No	(NENE) (NWNE) (NENW) (NWNW) (SWNW) (NWSW) (SWSW)
Number of Injection Wells**	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	
** Side Two Must Be Completed.	Production Zone(s): CHASE
Care The Macros Completes	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	<u>a</u> contentamental d <u>a la composition de la composition della comp</u>
type of it. Line(gets) Butti Setting	Haul-Off Workover Drilling 1/4
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	
Vice President Land	Date: U8/15/2014 Tim Welch
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
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titgorator
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	bove 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:
	PRODUCTION 12:31:14 UIC 12:30-14
Mail to: Past Operator New Operator	

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Side Two

Must Be Filed For All Wells

* Lease Name	BROWNELL		* Location: 6 32 35WNW			
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)	
13	15189210960000	4021FSL∽	3904FEL <	GAS	ACTIVE	
			75 <u>1</u>			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			mumt propaga			
		FSL/FNL	FEL/FWL			
indian in the second		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
E Production of the Control of the C						
		FSL/FNL	FEL/FWL			
· <u>.</u>		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
dhaf la		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	All the second s	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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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	Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Weil Location:
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens
Address 2:	Lease Name: BROWNELL Well #:13
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: ()	T032S - R035W: SEC 006 E2 SW4, SE4, S2 NE4, SE4 NW4 (NENE) (NWNE) (NENW) (NWNW) (SWNW) (NWSW) (SWSW)
Email Address: BRENDA_WALLER@XTOENERGY.COM	(12.12) (11.112) (11.111)
Surface Owner Information: Name: See Attached Address 1:	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 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: State: Zip:+	
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 Certify that, pursuant to the Kansas Surface Owner Notice Advisory.	
owner(s) of the land upon which the subject well is or will be lo 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, ar	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 and email address.
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	cknowledge 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	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.
Date: 8/15/2014 Signature of Operator or Agent: Tim Walch	Title: Vice President-Land
, , , , , , , , , , , , , , , , , , , ,	

KDOR #N/A

API#:15189210960000

Surface Owners

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API#: <u>151892</u>	210960000	Lease Name: BROWNE	<u>LL</u>	Well # <u>13</u>	
Owner Name:	DOWNING , COLEMAI	NE & CAROLL TRS,			
Address:	% DOWNING FARMS		3805 BUTTERFIELD RD		
City:	HAYS	State: KS	Zip: 67601-9795		
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:		

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1221594

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #: 33999		API No. 15	_ 15-189-2109	96-00-00		
Name:Linn Operating, Inc.			Spot Description:			
Address 1:600 TRAVIS STE 5100 Address 2: City: _HOUSTON State: TX Zip: _77002+ 3018			SW_SW_NE_NW_Sec.6 Twp. 32 S. R. 35 East West			
				North / South Line of Section		
			Feet from	East / West Line of Section		
Contact Person: Shawn Hildreth		Footages (Calculated from Neares	st Outside Section Corner:		
Phone: (281) 840-4234			NE NW ✓ SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:			County: Stevens Lease Name: BROWNELL Well #: 1-3			
	log attached? Yes	No The pluggi				
Producing Formation(s): List All (If needed attach another	•	_{by:} Ker				
·	m: 2712 T.D. 2835	Plugging C				
· · ·	m: <u>2761 T.D. 2835</u> m: <u>2805 T.D. 2835</u>	Plugging C	Completed: 9/3/20)14		
Depth to Top: 2702 Botton	m: <u>2000</u> J.D. <u>2000</u>					
Show depth and thickness of all water, oil and gas formation	itions.	· · · · · · · · · · · · · · · · · · ·				
Oil, Gas or Water Records		Casing Record (Surfa	ce, Conductor & Produc	ction)		
Formation Content	Casing	Size	Setting Depth	Pulled Out		
	Surface	8.625	629	0		
	Production	5.5	2835	0		
Describe in detail the manner in which the well is plugg cement or other plugs were used, state the character of	- · · · · · · · · · · · · · · · · · · ·	•		ds used in introducing it into the hole. If		
TIH w/open end tbg & tag fillup at 17 POH w/ 1 joint & 15' of second jt and 790' inside tbg. Cut 2-3/8" tbg @ 76found TOC on 5-1/2" csg at 200'. Rusurface, POH w/tbg & leave 5-1/2" fut o fill annulus & pressure to 300 psi.	tbg was stuck. SD 4', POH (Left 937' 2 In tbg to 764', mix 8	& WOC. RU -3/8 tbg ceme pump 80 sks	wireline truck & nt inside 5-1/2' Class "C" cem	& GIH & Tag cement at '). Run CBL from 750' & nent & circulate to		
22228		Orr En	ternrises Inc			
Plugging Contractor License #: 33338 Name: Orr Ente						
			ss 2:			
City: _DUNCAN		State: <u>O</u>	Κ	zip: <u>73534</u> + <u>1706</u>		
Phone: (580) 251-9618		\ 10 m				
Name of Party Responsible for Plugging Fees: LINN	l Operating, Inc.					
State of County,		, ss.				
Shawn Hildreth (Print Name)		A Em	ployee of Operator or	Operator on above-described well,		
being first duly sworn on oath, says: That I have knowle	dge of the facts statements, a	nd matters herein coi	ntained, and the log of	the above-described well is as filed, and		

Submitted Electronically