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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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: Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells 216962 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: _CAMPBELL Saltwater Disposal Well - Permit No.: _ _ E2 _ W2 _ W2 Sec. 25 __ feet from N / S Line Legal Description of Lease: __feet from | E / | W Line T25S-R35W: 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 Type of Pit: Emergency Burn Settling Workover Haul-Off Drilling КH Past Operator's License No. 32864 / **BRENDA WALLER** Contact Person: _ Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 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: 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 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.: __ Date: Date: Authorized Signature DISTRICT __ PRODUCTION _ Mail to: Past Operator_ New Operator_ District

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Side Two

Must Be Filed For All Wells

* Lease Name:	CAMPBELL		* Location: 8	25 35WW2	
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/W:	Well Status SW) (PROD/TA'D/Abandone
121-8	15093210970000	2673FSL	ADDREI -	GAS	PR
		26/3/FSL ************************************	4030FEL ~		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	<u>, inches de la </u>	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
1.1. 		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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	· .	
		FSL/FNL	FEL/FWL		
		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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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. Address 1:210 PARK AVENUE, SUITE 2350 Address 2: City:OKLAHOMA CITY	Well Location: O _E2 W2 W2 Sec. 8 Twp. 25 S. R. 35 East West County: KEARNY Lease Name: CAMPBELL Well #: 121-8 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Phone: (405	T25S-R35W: SEC 8 ALL		
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 county, and in the real estate property tax records of the county treasurer.		
At a MOO with a plat chausing the predicted locations of lease roads tank	dic Protection Borehole Intent), you must supply the surface owners 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.		
X I certify that, pursuant to the Kansas Surface Owner Notice A	ocated: 1) a copy of the Form C-1, Form CB-1, Form 1-1, 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 as KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the vner(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:			

API # :15093210970000

KDOR #216962

Surface Owners

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API#: <u>15093210970000</u>		Lease Name: CAMPBELL			Well # <u>12I-8</u>	
Owner Name:	KOEHN, BILL AND O	SLORIA				
Address:	3559 E RD 6					
City:	ULYSSES	Stat	e: KS	Zip: 67880		
Owner Name:						
Address:						
City:		Stat	e:	Zip:		
Owner Name:						
Address:						
City:		State	e:	Zip:		
Owner Name:						
Address:						
City:		State	e:	Zip:		
Owner Name:						
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Owner Name:						
Address:						
City:		State	e:	Zip:		