RECEIVED AUG 20 2014 KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1
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: MUST be submitte					
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.: 212894				
Gas Gathering System:	Lease Name: CANN				
Saltwater Disposal Well - Permit No.:	SW_Sec. 13 Twp. 33 R. 36W EXW				
Spot Location: feet from N / S Line					
feet from E / W Line	Legal Description of Lease: T033S - R036W: SEC 013 All				
Enhanced Recovery Project Permit No.:	HOUSE - RUSOW. SEC 013 All His High His				
Entire Project: Yes No					
Number of Injection Wells***	County: Stevens				
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE				
** 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)	feet from E / W Line of Section				
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KH				
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					
	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 Fitzwater				
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 (Commission. This acknowledgment of transfer pertains to Kansas Corporation				
Commission records only and does not convey any ownership interest in the a					
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:				
Authorized Signature	Authorized Signature NFC 1 1 2814 NFC 1 0 7014				
	PRODUCTION BEO 1 2 2011				
Mail to: Past Operator New Operato	or District				

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Side Two

Must Be Filed For All Wells

	CANN		engalar Lihanggalalikasinan	33 36WSW	
* Lease Name:			* Location:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
12	15189207990000 🗸	1320FSL	3960FEL	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		
LANGE A TR		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		
	and the state of t				

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.

32864	Mate W.L. and and				
OPERATOR: License # 32864					
Name: XTO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350					
	Lease Name: CANN Well #:12				
Address 2:					
Contact Person: BRENDA WALLER	the lease below:				
Phone: (10333 - N03011. SEO 013 All				
Email Address: BRENDA_WALLER@XTOENERGY.COM					
Email Address.					
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 county, and in the real estate property tax records of the county treasurer. 				
					
Otto: State: 7in: 4					
City: State: Zip: + If this form is being submitted with a Form C-1 (Intent) or CB-1 (Country of lease roads)	athodic Protection Borehole Intent), you must supply the surface owners and				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Country of Lease roads)					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Counter the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notice (S) of the land upon which the subject well is or will	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. ICE Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form pering filed is a Form C-1 or Form CB-1, the plat(s) required by this				
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API#: 151892	207990000	Lease Name: CANN		Well # <u>12</u>			
Owner Name: MILLS, M DOUGLAS & RITA A TRS,							
Address:	979 ROAD 22						
City:	HUGOTON	State: KS	Zip: 67951-5105				
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:				