081514\_Erwin\_1-2INF

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### 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,

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 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: ERWIN Saltwater Disposal Well - Permit No.: \_\_\_ feet from N/ S Line Legal Description of Lease: feet from E / W Line T035S - R037W: SEC 010 SE4, SW4, NW4, NE4 Enhanced Recovery Project Permit No.: \_ Entire Project: Yes No Number of Injection Wells County: Stevens 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 N / S Line of Section (API No. If Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: Settling Haul-Off Workover Drilling KU Emergency Rum 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 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: ONEOK FIELD SERVICES 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR 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: Authorized Signature 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: | ERWIN                        |  | 0 35 37WNW                        |   |                                       |                                      |
|---------------|------------------------------|--|-----------------------------------|---|---------------------------------------|--------------------------------------|
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |                                   | Type of Well<br>(Oil/Gas/INJ/WSW)         |                                       | Well Status<br>(PROD/TA'D/Abandoned) |
| 12 INF        | 15189221010000               | 4034PSL<br>1250ENL   | 4012 FEL<br>1 <del>250 FW</del> L | HI  |                                       | ACTIVE                               |
|               |                              |  |                                   |   |                                       |                                      |
|               |                              | FSL/FNL  | FEL/FWL                           |   |                                       |                                      |
|               |                              | FSL/FNL  | FEL/FWL                           |   |                                       |                                      |
|               |                              | FSL/FNL  | FEL/FWL                           |   | <u> </u>                              |                                      |
|               |                              | FSL/FNL  | FEL/FWL                           |   | <u> </u>                              |                                      |
|               |                              | FSL/FNL  | FEL/FWL                           | r <u>ii e den <u>della.</u><br/>Edita</u> |                                       |                                      |
|               |                              | 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                           |   |                                       |                                      |
|               |                              |  | FEL/FWL                           |   |                                       |                                      |
|               |                              | FSL/FNL  | FEL/FWL                           |   |                                       |                                      |
|               |                              | FSL/FNL 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

<sup>\*</sup>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#:15189221010000

#### 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   |  |  |  |  |  |
|---|--|--|--|--|--|
| OPERATOR: License # 32864  Name: XTO ENERGY INC.  | Well Location:   |  |  |  |  |
| Address 1: 210 PARK AVENUE, SUITE 2350  | NW Sec. 10 Twp. 35 S. R. 37 East West  |  |  |  |  |
|   |  |  |  |  |  |
| Address 2:  |  |  |  |  |  |
| Contact Person: BRENDA WALLER   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:   |  |  |  |  |
| Phone: ( 405 319-3259 Fax: ()   | T035S - R037W: SEC 010 SE4, SW4, NW4, NE4  |  |  |  |  |
| Email Address: BRENDA_WALLER@XTOENERGY.COM  |  |  |  |  |  |
| Email Address:  | <del></del>  |  |  |  |  |
| 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:+  |  |  |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (C) the KCC with a plat showing the predicted locations of lease roads,  | athodic Protection Borehole Intent), you must supply the surface owners and<br>tank batteries, pipelines, and electrical lines. The locations shown on the plat  |  |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Counter 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 I certify that, pursuant to the Kansas Surface Owner Notice 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 form; and 3) my operator name, address, phone number, form I have not provided this information to the surface owner(s) KCC will be required to send this information to the surface.   | 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.  Ce 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 orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address.  I acknowledge that, because I have not provided this information, the se owner(s). To mitigate the additional cost of the KCC performing this  |  |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cthe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entent Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notion 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 form; and 3) my operator name, address, phone number, form; and 3) my operator name, address, phone number, form; and the required to send 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form form and the associated Form C-1, Form CB-1, Form T-1, or Form | 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.  CE 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 orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address.  I acknowledge that, because I have not provided this information, the e 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 CP-1 will be returned. |  |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cthe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entent select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notion 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 form; and 3) my operator name, address, phone number, form; and 3) my operator name, address, phone number, form; and the 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 hands of the second option, submit payment of the \$30.00 hands of the second option, submit payment of the \$30.00 hands.                 | 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.  Ce 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 being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address.  I acknowledge that, because I have not provided this information, the e 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 CP-1 will be returned.     |  |  |  |  |

KDOR #221357

#### **Surface Owners**

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| API#: 15189221010000                                    |                 | Lease Name: ERWIN | Well # <u>12 INF</u> |  |  |  |  |  |
|---|-----------------|-------------------|----------------------|--|--|--|--|--|
|   |                 |                   |                      |  |  |  |  |  |
| Owner Name: S & G MANAGEMENT TR, GEORGE C MUELLICH TTEE |                 |                   |                      |  |  |  |  |  |
| Address:  | 9210 VILLAGE DR |                   |                      |  |  |  |  |  |
| City:   | SAN ANTONIO     | State: TX         | Zip: 78217-3425      |  |  |  |  |  |
|   |                 |                   |                      |  |  |  |  |  |
| Owner Name:   |                 |                   |                      |  |  |  |  |  |
| Address:  |                 |                   |                      |  |  |  |  |  |
| City:   |                 | State:            | Zip:                 |  |  |  |  |  |
|   |                 |                   |                      |  |  |  |  |  |
| Owner Name:   |                 |                   |                      |  |  |  |  |  |
| Address:  |                 |                   |                      |  |  |  |  |  |
| City:   |                 | State:            | Zip:                 |  |  |  |  |  |
|   |                 |                   |                      |  |  |  |  |  |
| Owner Name:   |                 |                   |                      |  |  |  |  |  |
| Address:  |                 |                   |                      |  |  |  |  |  |
| City:   |                 | State:            | Zip:                 |  |  |  |  |  |
|   |                 |                   |                      |  |  |  |  |  |
| Owner Name:   |                 |                   |                      |  |  |  |  |  |
| Address:  |                 |                   |                      |  |  |  |  |  |
| City:   |                 | State:            | Zip:                 |  |  |  |  |  |
| 0   |                 |                   |                      |  |  |  |  |  |
| Owner Name:   |                 |                   |                      |  |  |  |  |  |
| Address:  |                 | _                 |                      |  |  |  |  |  |
| City:   |                 | State:            | Zip:                 |  |  |  |  |  |