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.

8/15/2014

Check Applicable Boxes:	led with this form.
Oil Lease: No. of Oil Wells***	Effective Date of Transfer: 8/15/2014
X Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 201423
Gas Gathering System:	Lease Name: GIGOT
Saltwater Disposal Well - Permit No.:	NE _ NE _ NE _ SW.Sec 23 _Twp 25 _R 32W _ E _X W
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from L E / L W Line	T25S-R32W: SEC 23 ALL
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	
Number of Injection Wells **	County: FINNEY
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	fact trans N. / C. I has of Castian
(API No. If Drill Pit, WO or Haul)	feet from N / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA
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	Date: 08/15/2014
Titlo. Vice President-Land	Tim. ONoloh
Title: Vice Fresident-Land	Signature:
New Operator's License No	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:
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature:
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 records only and does not convey any ownership interest in the a	그는 사람들은 사람들이 되었다. 그는 사람들이 가득하는 사람들이 되었다. 그 사람들이 되었다. 그 사람들이 되었다.
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
DISTRICT EPR 12-18-14 P	PRODUCTION DEC 1 9 2014 UDEC 1 9 2014
Mail to: Past Operator New Operator	라는 사람들은 사람들이 가득하는 사람들이 가득하는 사람들이 가득하는 사람들이 가득하는 사람들이 다른다.

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 201423					
* Lease Name: GIGOT			* Location: 23 25 32WSW			
Well No.	API (YR DRLD/F	No. PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line orn South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2-23	1505500541000	0 /	2340FSL	2490FWL	GAS	PR
			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		1
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
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			FSL/FNL	FEL/FWL		. 1 <u> </u>
		en e	FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
			FSL/FNL			

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.

22004				
OPERATOR: License # 32864	Well Location:			
Name: XTO ENERGY INC.	NE NE NE SW Sec. 23 Twp.25 S. R. 32 East West			
Address 1: 210 PARK AVENUE, SUITE 2350 Address 2:	County: FINNEY Lease Name: GIGOT Well #:2-23			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T25S-R32W: SEC 23 ALL			
Phone: (405 319-3259 Fax: () PARTICIPATION OF THE PROPERTY COM				
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:				
Name: See Attached				
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:	and the second final and the second s			
City:				
Oicy State Zip				
Serie Zip				
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 enter 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 form; and 3) my operator name, address, phone number, form.	Cathodic Protection Borehole Intent), you must supply the surface owners and it, tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.			
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KDOR #201423

API#:15055005410000

Surface Owners

API#: <u>150550</u>	005410000	Lease Name: GIGOT		Well # <u>2-23</u>
Owner Name:	GIGOT, C DEAN			
Address:	1531 KINSINGTON E	BLVD		
City:	GARDEN CITY	State: KS	Zip: 67846	
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:		State:	Zip:	
Citv:		State:	ZID:	