081514\_Gigot\_21-23.pdf

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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 222637 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: GIGOT Saltwater Disposal Well - Permit No.: \_ SW\_NE\_NWSec. 23 <sub>Two.</sub> 25 feet from N / S Line Spot Location: Legal Description of Lease: feet from | E / | 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 CHASE Production Zone(s): \*\* Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: \_ 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 Settlina Haul-Off Workover KH 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 Signature: 33999 **NANCY FITZWATER** New Operator's License No. -Contact Person: \_ New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: 08/15/2014 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: Authorized Signature Authorized Signature DISTRICT . Mail to: Past Operator\_ **New Operator** District

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#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 222637				
* Lease Name:	GIGOT		* Location: 23	3 25 32WNW	
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)
21-23	15055216410000/	4030FSL	3680FEL	<b>H</b>	PR
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		Particular de la constantia.
		FSL/FNL	FEL/FWL	Light of the state	
		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		
			FEL/FWL		
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		OUT ITE	I LLUTTIL		

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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#### 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 (Cathodic Protection Borehole Intent)
OPERATOR: License # 32864	Well Location:
Name: XTO ENERGY INC.	0 <u>SW NE NW</u> Sec. <u>23</u> Twp. <u>25</u> S. R. <u>32</u> East West
Address 1: 210 PARK AVENUE, SUITE 2350	
Address 2:	Lease Name: GIGOT Well #:21-23
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	the lease below: T25S-R32W: SEC 23 ALL
Phone: ( 405 319-3259 Fax: ( )	<del></del>
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:	
City: State: Zip:+	
	pads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is o	Notice Act (House Bill 2032), I have provided the following to the surface r will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this per, fax, and email address.
KCC will be required to send this information to the s	ner(s). I acknowledge that, because I have not provided this information, the urface owner(s). To mitigate the additional cost of the KCC performing this handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 form and the associated Form C-1, Form CB-1, Form T-1, or	handling fee with this form. If the fee is not received with this form, the KSONA-1 Form CP-1 will be returned.
I hereby certify that the statements made herein are true and	correct to the best of my knowledge and belief.
Date: Signature of Operator or Agent:	Title: Title:
	¥222637

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### **Surface Owners**

API#: <u>15055216410000</u>		Lease Name: GIGOT		Well # <u>2l-23</u>
Owner Name:	AMERICAN WARRIO	RINC		
Address:	PO BOX 399			
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:				
City:		State:	Zip:	