KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: GOOCH Saltwater Disposal Well - Permit No.: 35 feet from N / S Line Legal Description of Lease: feet from E / W Line T035S - R036W: SEC 003 SE4, NE4, NW4, SW4 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): feet from N / S Line of Section Surface Pit Permit No.: _ (API No. If Drill Pit, WO or Haul) W Line of Section feet from Drilling KH Settling Haul-Off Workover Type of Pit: Emergency Bum 32864 **BRENDA WALLER** Past Operator's License No. 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 Phone: Oil / Gas Purchaser: ONEOK FIELD SERVICES 600 Travis Street, Suite 5100 Houston, TX 77002 <u>08/1</u>5/2014 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: Authorized Signature PRODUCTION DISTRICT ___ **New Operator**

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

KDOR Lease * Lease Name:	COOCU		Location: 3 3	35 36WSW	
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/WSW)	Well Status (PROD/TA'D/Abandoned)
2	151890070600000 /	્રુ <u>ય</u> 4ફ 2319F SL	2432 FWL 2970FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
<u> </u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		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.

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 #	Well Location:			
Name: XTO ENERGY INC.				
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens			
Address 2:	Lease Name: GOOCH Well #:2			
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: BRENDA WALLER	T035S - R036W: SEC 003 SE4, NE4, NW4, SW4			
Phone: (405 319-3259 Fax: ()				
Email Address: BRENDA_WALLER@XTOENERGY.COM				
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 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.			
Address 1:				
Address 2:				
City:				
the KCC with a plat showing the predicted locations of lease roads, tandure preliminary non-binding estimates. The locations may be entered of Select one of the following:	k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	ocated: 1) a copy of the Form C-1, Form CB-1, Form I-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling	vner(s). To mitigate the additional cost of the KCC performing this			
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: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land			
API # :15189007060000 KDOR #201453				

Surface Owners

API#: <u>151890</u>	007060000	Lease Name: GOOCH		_ Well # <u>2</u>					
Owner Name:	Owner Name: MILLS, M DOUGLAS & RITA ATRS TTEES,								
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:									
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City:		State:	Zip:						
Owner Name:									
Address:									
City:		State:	Zip:						