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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: MUST be submit	tted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 220708
Gas Gathering System:	Lease Name: GOOCH
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from DE / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T035S - R036W: SEC 004 W2, NE4, SE4
Entire Project: Yes No	
Number of Injection Wells***	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** 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	
type of Pit. Emergency Both Setting	_Haul-Off
Past Operator's License No. 32864 r	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
Title: Vice President-Land	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 Trippator
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
그렇게 하는 그 그 그는 그는 그는 그를 모르고를 모르고를 받는 것이 없는 것이 없다.	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
DISTRICT EPR	PRODUCTION DEC 1 2 7014 DEC 1 2 2014
Mail to: Past Operator New Operato	or District

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#### Side Two

### Must Be Filed For All Welis

KDOR Lease	COCCH		* Location: 4	35 36WSW			
* Lease Name: Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Section Line	Туре	of Well /INJ/WSW)		Status D/Abandoned)
34 INF	15189219820000 /	600FSL	جساب 2500FEŁ	HI		ACTIVE	
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	<u> </u>			
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		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL			-	
		FSL/FNL	FEL/FWL				
		FSL/FNL	FELFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	<u> </u>			

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#:15189219820000

### 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 (Cal	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)					
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:  Sw Sec. 4 Twp. 35 S. R. 36 East West					
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens					
Address 2:	Lease Name: GOOCH Well #:34 INF					
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 the lease below:					
Phone: ( 405 319-3259 Fax: ( )	T035S - R036W: SEC 004 W2, NE4, SE4					
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 county, and in the real estate property tax records of the county treasurer.					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Select one of the following:						
X I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form bei form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing filed is a Form C-1 or Form CB-1, the plat(s) required by this					
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner task, I acknowledge that I am being charged a \$30.00 handling fe	er(s). To mitigate the additional cost of the KCC performing this					
If choosing the second option, submit payment of the \$30.00 handling fer form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v	e with this form. If the fee is not received with this form, the KSONA-1 will be returned.					
I hereby certify that the statements made herein are true and correct to the	e best of my knowledge and belief.					
Date: Signature of Operator or Agent: Welch	Title: Vice President-Land					

**KDOR #220708** 

## Surface Owners

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API#: <u>151892</u>	<u> 219820000                                  </u>	Lease Name: GOOCH		Well # <u>34 INF</u>
Owner Name:	MILLS, M DOUGLAS	& RITA A REV TRS TTEE,		
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:		Chatan	<b>7.</b>	
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
City:		Jiaic.	دıp.	