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 submitted	ted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014 KS Dept of Revenue Lease No.: 201457			
Gas Lease: No. of Gas Wells**				
Gas Gathering System:	Lease Name: GROTHE			
Saltwater Disposal Well - Permit No.:	NW_Sec24_Twp33R35W			
Spot Location: feet from N / S Line	Legal Description of Lease:			
feet from E / W Line	T033S - R035W: SEC 024 NW4, NE4, E2 SE4, W2 SE4, SW4			
Enhanced Recovery Project Permit No.:				
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	Haul-Off Workover Drilling K4			
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			
Title: Vice President-Land	Signature:			
	: Till : : : : : : : : : : : : : : : : : :			
	Contact Parson, NANCY FITZWATER			
New Operator's License No. 33999	Contact resolt.			
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 Trigueator			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
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.:			
FORMER INC.				
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR 12-9-14	PRODUCTION DEC 1 1 2014			
Mail to: Past Operator New Operator	orDistrict			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 201457				
* Lease Name:	GROTHE		* Location: 2	4 33 35WNW	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
A1	15189003470000	2970FSL*	2970FEL*	GAS	ACTIVE
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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 (Inter	nt) CB-1 (Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name: XTO ENERGY INC.	NW Sec. 24 Twp. 33 S. R. 35 East West
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens
Address 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
Contact Person: BRENDA WALLER	
Phone: (405 §19-3259 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
Address 1:	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	and the second in the second extension and the second of the second second the second
City: State: Zip:	·
the KCC with a plat showing the predicted locations of least	CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and se roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
X I certify that, pursuant to the Kansas Surface Ov owner(s) of the land upon which the subject well	wher Notice Act (House Bill 2032), I have provided the following to the surface is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form
form; and 3) my operator name, address, phone n	2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this number, fax, and email address.
KCC will be required to send this information to the	owner(s). I acknowledge that, because I have not provided this information, the he surface owner(s). To mitigate the additional cost of the KCC performing this 0.00 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30 form and the associated Form C-1, Form CB-1, Form T-1,	0.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.
I hereby certify that the statements made herein are true a	and correct to the best of my knowledge and belief.
Date: Signature of Operator or Agent: _	Tim Welch Title: Vice President-Land
	OR #201457

Surface Owners

API#: 151890	003470000	Lease Name: GROTHE		Well # <u>A1</u>		
Owner Name: HARPER, ALVENA DARLENE						
Address:	1299 ROAD 26					
City:	HUGOTON	State: KS	Zip: 67951-5157			
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:			