**RECEIVED AUG 20 2014 KCC WICHITA** 

### 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.

| Gil Lease: No. of Gil Welts   Case and the control of the contro   | Check Applicable Boxes: MUST be submitted   | 9/4 5/2014   |
|--|---|--|
| Gas Gathering System:  Gas Gathering System:  Sept Lossion:  Sept  | 프로스 (The Charles July Chronical Parties of Charles Charles In Alberta Annual Parties In Alberta Annual Parties  |  |
| Saltwater Disposal Well - Permit No.:  Spot Location:  Ised from   N /   S Line   Ised from   E /   W Line   Ised for Number of Injection Wells   Ised for Number of Injection Wells   Ised from   N /   S Line of Section   Ised from   N /   S Line of Section | Gas Lease: No. of Gas Wells   | KS Dept of Heveride Lease No   |
| Spot Location:   | 그프  |  |
| Eenhanced Recovery Project Pormit No.:   Entire Project:   |   | <u>sw_Sec. 1 Twp. 35 R. 36W</u> EXW                                  |
| Enhanced Recovery Project Pormit No.:   Enhire Project:   Yes   No   Number of Injection Wels    Surface Pil Permit No.:   (AP) No. If Delt Pil. WO or Healt)   Feet from   N /   S Line of Section  | 그 그리고 사람들이 하지 않는데 그 그 그 그는 사람들이 하면 하는데 그를 가는 그를 가는 것이 없다면 하다 되었다. 그리고 그리고 있다면 하는데 그리고 있다면 그리고 | Legal Description of Lease:  |
| Enfire Project: Yes No Number of Injection Wells  "Side Two Must Be Completed."  Surface PRI Permit No.:  (API No. If Drill PIL WO or Head)  Type of PR: Emergency Bum Settling Haul-Off Workcover Drilling LA  Past Operator's License No. 32864 / Contact Person: BRENDA WALLER  Past Operator's License No. 32864 / Phone: 405-319-3259  Date: 09/14/2014  Signature: Wine President-Land  New Operator's License No. 33999 / Contact Person: MANCY FITZWATER  New Operator's License No. 33999 / Contact Person: Nancy FITZWATER  New Operator's License No. 33999 / Contact Person: Nancy FITZWATER  New Operator's License No. 33999 / Contact Person: Nancy FITZWATER  New Operator's License No. 33999 / Contact Person: Nancy FITZWATER  New Operator's License No. 33999 / Contact Person: Nancy FITZWATER  New Operator's License No. 33999 / Contact Person: Nancy FITZWATER  Phone: 281-840-4000  Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 98/15/2014  Signature: Wine Preson: Nancy FITZWATER  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has been noted, approved and duty recorded in the records of the Kansas Corporation Commission: This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not corney any ownership interest in the above injection well(s) or pit permit.   | 그렇다 그 그 그 그 가는 하는 경험을 보다는 그러고 있는 그를 모르는 것이 되는 것이 되었다. 그런데   | T035S - R036W: SEC 001 NE4, NW4, SE4, SW4                            |
| Number of Injection Wells  Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE  Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE  Field Name: Side Two Must Be Completed.  Surface Pit Permit No.: (API No. II Dail PI, WO or Hami)   |   |  |
| Production Zone(s):  | 그 회 그 그는 그 말을 하는 그들이 그는 불러잡다는 수의 부분들이 가는 하는 그는 것 같아. 나를   |  |
| Surface Pil Permit No:   |   |  |
| Surface Pit Permit No.:    (API No. II Drall PIE, WO or Haus)   feet from  |   | Floudction Zone(3).  |
| Contact Person:   Emergency   Burn   Settling   Haul-Off   Workover   Drilling   LA  | ** Side Two Must Be Completed.  | Injection Zone(s):   |
| Settling   |   | feet from N / S Line of Section                                      |
| Type of Pit:   Emergency   Burr   Settling   Haul-Off   Workover   Drilling   Link   Past Operator's License No.   32864 / Contact Person:   BRENDA WALLER  Past Operator's Name & Address: XTO ENERGY INC.   Phone:   405-319-3259   Date:   08/15/2014   Signature:   Wide President-Land   Signature:   Wide   New Operator's License No.   33999   Contact Person:   NANCY FITZWATER   New Operator's License No.   33999   Contact Person:   NANCY FITZWATER   New Operator's Name & Address: LINN OPERATING, INC.   Phone:   281-840-4000   Oil / Gas Purchaser:   ONEOK FIELD SERVICES   Date:   08/15/2014   Signature:   Winey   Winey   Winey   Winey   Title:   REGULATORY COMPLIANCE SUPERVISOR   Signature:   Winey   Winey   Winey   Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #   has been noted, approved and duty recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not cornvey any ownership interest in the above injection well(s) or pit permit.    Is acknowledged as   the new operator of the above named lease containing the surface pit   | Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)   |  |
| 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  Title: Vice President-Land Signature: MANCY FITZWATER  New Operator's License No. 33999 / Contact Person: NANCY FITZWATER  New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000  Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 08/15/2014  Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Management of Transfer: The above request for transfer of injection authorization, surface pit permit # has been noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.  Is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No: Recommended action: Permit No: Authorized Signature  Date: Authorized Signature  District EPR 29-14 PRODUCTION DEC 1 1 2014 UIC FEC. 10 71114  |   |  |
| Past Operator's License No. 340000  Past Operator's Name & Address: XTO ENERGY INC.  210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102  Date: 08/15/2014  Signature: 08/15/2014  Signature: 08/15/2014  New Operator's Name & Address: LINN OPERATING, INC.  Phone: 281-840-4000  Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 08/15/2014  Title: REGULATORY COMPLIANCE SUPERVISOR  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has been 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.  Lis acknowledged as the new operator and may continue to inject fluids as authorized by Permit No: Recommended action: Date: Authorized Signature  Date: Authorized Signature  DISTRICT EPR / 2-9-14  PRODUCTION DEC 1 1 2014  UIC TEC 1 9 7014  | Type of Pit: Emergency Burn Setting   |  |
| Past Operator's Name & Address: XTO ENERGY INC.  210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102  Title: Vice President-Land  Signature: S | Past Operator's License No. 32864   | Contact Person: BRENDA WALLER  |
| 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102  Date:  |   | Phone: 405-319-3259  |
| New Operator's License No. 33999   |   | Date: 08/15/2014   |
| New Operator's License No. 33999 / Contact Person: NANCY FITZWATER  New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000  Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 08/15/2014  Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Signature: Signature: Signature pertains to 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 the new operator and may continue to inject fluids as authorized by Permit No: Recommended action: Date: Authorized Signature  Date: Authorized Signature  DISTRICT EPR / 29 - 14 PRODUCTION DEC 1 1 2014 UIC FC 1 1 2014  |   | Tim Welch  |
| New Operator's License No  | Title: Vice President-Land  | Signature:   |
| New Operator's License No  |   |  |
| New Operator's Name & Address: LINN OPERATING, INC.  Phone:281-840-4000  Oil / Gas Purchaser:ONEOK FIELD SERVICES  Date:08/15/2014  Title:REGULATORY COMPLIANCE SUPERVISOR  Signature:   | New Operator's License No. 33999  | Cornact Person.  |
| Oil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 08/15/2014  Title: REGULATORY COMPLIANCE SUPERVISOR  Signature: Signature: Signature: Signature  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #  |   | Phone: 281-840-4000  |
| Date:  |   | Oil / Gas Purchaser: ONEOK FIELD SERVICES                            |
| Title: REGULATORY COMPLIANCE SUPERVISOR  Signature: Manage Transfer  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #   |   | Date: 08/15/2014   |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #  |   | 00 0 <del>0</del>  |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, suitable properties.  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  the new operator and may continue to inject fluids as authorized by  Permit No.:  | Title: REGULATORY COMPLIANCE SUPERVISOR   | Signature:   |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, suitable properties.  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  the new operator and may continue to inject fluids as authorized by  Permit No.:  |   | has been   |
| Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.   | Acknowledgment of Transfer: The above request for transfer of injection   | autionization, surface pre points #                                  |
|  |   |  |
| the new operator and may continue to inject fluids as authorized by  Permit No.: Recommended action:  Date:  | Commission records only and does not convey any ownership interest in the   | above injection well(s) of pit permit.                               |
| the new operator and may continue to inject fluids as authorized by  Permit No.: Recommended action:  Date:  |   | is acknowledged as   |
| Permit No.: Recommended action: permitted by No.:  Date: Date: Authorized Signature  DISTRICT EPR/   |   |  |
| Date: Date: Date:  | the new operator and may continue to inject fluids as authorized by   | the new operator of the above named lease containing the surface pix |
| DISTRICT EPR/ PRODUCTION   | Permit No.: Recommended action:   | permitted by No.:  |
| DISTRICT EPR/ PRODUCTION   |   | 【图图摄影图图集图图集》 自動建構電影  |
| DISTRICT EPR/ PRODUCTION DECI UIC TEC UIC  | Date:   | Date:  |
| DISTRICT EPR / 4 / 9 PRODUCTION PRODUCTION   | 128 11  | DFC 1   2014   |
|  | Dio Tino I  | PRODUCTION   |

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#### Side Two

#### Must Be Filed For All Wells

| KDOR Lease                         | HAGAMAN        |                                     | • Location: 1 35 36WSW                                      |     |                                      |  |
|------------------------------------|----------------|-------------------------------------|---|-----|--------------------------------------|--|
| Well No. API No. (YR DRLD/PRE '67) |                | Footage from<br>(i.e. FSL = Feet fr | Footage from Section Line (i.e. FSL = Feet from South Line) |     | Well Status<br>(PROD/TA'D/Abandoned) |  |
| 12                                 | 15189220860001 | 1250FSL <sup>✓</sup>                | 1250FWL <sup></sup>   | 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   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
| 기념 - # #<br><del>기념 - # #</del>    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNL                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNI                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNI                             | FEL/FWL   |     |                                      |  |
|                                    |                | FSL/FNI                             | FEL/FWI   |     |                                      |  |
|                                    |                | FSL/FNI                             | FEL/FWI   |     |                                      |  |
|                                    |                | FSL/FN                              | LFEL/FWI  |     |                                      |  |

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)  | B-1 (Cathodic Protection Borehole Intent)  |
|--|--|
| OPERATOR: License #  | Well Location:   |
| Name: XTO ENERGY INC.  | SW Sec. 1 Twp.35 S. R. 36 East West  |
| Address 1: 210 PARK AVENUE, SUITE 2350   | County:Stevens   |
| Address 2:   | I I A C A BAA N  |
| City: OKLAHOMA CITY State: OK Zip: 73102 +   |  |
| Contact Person: BRENDA WALLER  |  |
| Phone: ( 405 319-3259 Fax: ( )   |  |
| 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 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.   |
| the state of the s | Cathodic Protection Borehole Intent), you must supply the surface owners and<br>s, tank batteries, pipelines, and electrical lines. The locations shown on the pla<br>ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted |
| 7 \ - 4 at - 1 - a - a - a - a - a - a - a - a - a   | tice Act (House Bill 2032), I have provided the following to the surface II 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.    |
| Voc will be required to cond this information to the SUITA   | s). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this ndling fee, payable to the KCC, which is enclosed with this form.                                 |
| If choosing the second option, submit payment of the \$30.00 har<br>form and the associated Form C-1, Form CB-1, Form T-1, or Form   | ndling fee with this form. If the fee is not received with this form, the KSONA-<br>m CP-1 will be returned.   |
| I hereby certify that the statements made herein are true and corr   |  |
| Date: Signature of Operator or Agent: 7tm C  | Welch Title: Title:  |
| API # :15189220860001 KDOR #22:  |  |

## **Surface Owners**

#### RECEIVED AUG 20 2014 KCC WICHITA

| API#: <u>15189</u> 2 | 220860001         | Lease Name: HAGAMAN  |                 | Well # <u>12</u> |  |
|----------------------|-------------------|----------------------|-----------------|------------------|--|
|                      |                   |                      |                 |                  |  |
| Owner Name:          | PLANK, JOHN R & J | OYCE M REV LIV TR TT |                 |                  |  |
| Address:             | 19 MONTAGUE LN    |                      |                 |                  |  |
| City:                | PLATTE CITY       | State: MO            | Zip: 64079-9380 |                  |  |
|                      |                   |                      |                 |                  |  |
| 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:            |                  |  |