RECEIVED AUG 20 2014 KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Effective Date of Transfer: Oil Lease: No. of Oil Wells _ 220540 Gas Lease: No. of Gas Wells ____ KS Dept of Revenue Lease No .: _ Gas Gathering System: Lease Name: HAMLIN Saltwater Disposal Well - Permit No.: 32 Twp. feet from N / S Line Legal Description of Lease: feet from E / W Line T032S - R035W: SEC 032 SW4, SE4, N2 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: __Stevens Number of Injection Wells_ Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE ** 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) E / W Line of Section feet from Drilling Haul-Off Workover 24 Settlina Rum Type of Pit: **Emergency** Contact Person: BRENDA WALLER Past Operator's License No. 32864 / Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 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 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: __ _____. Recommended action: ___ Permit No.: _ Date: Authorized Signature

New Operator

PRODUCTION ___

District

Authorized Signature

DISTRICT _____

Mail to: Past Operator ___

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Side Two

Must Be Filed For All Wells

Lease Name:	HAMLIN	* Location: 32 32 35WSW			
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)
15 INF	15189208820001	660FSL	4620FEL ^		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 FSL/FNL			
		FSL/FNL			
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
		FSL/FNL FSL/FNL			
		FSL/FNL			
		FSL/FNL			
		FSL/FNL			

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.

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API #:15189208820001

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.

OPERATOR: License # 32864	Well Location:					
Name: XTO ENERGY INC.	SW Sec. 32 Twp. 32 S. R. 35 Eask West					
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens					
Address 2:	Lease Name: HAMLIN Well #:15 INF					
City: OKLAHOMA CITY State: OK Zip: 73102 +						
Contact Person: BRENDA WALLER	the lease below: T032S - R035W: SEC 032 SW4, SE4, N2					
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					
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:	nativity and in the real extete preparty tay records of the equation transfers					
ty: State: Zip:+						
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca	athodic Protection Borehole Intent), you must supply the surface owners and					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cithe KCC with a plat showing the predicted locations of lease roads,						
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Counter the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following: X Certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. ce Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this					
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Surface Owners

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API#: 151892	208820001	Lease Name: HAMLIN		Well # <u>15 INF</u>				
Owner Name:	Owner Name: MANN, HOWARD LIV TR HOWARD & FAYE E CO-TTEES							
Address:	1867 S GLENDALE	ST						
City:	WICHITA	State: KS	Zip: 67218-4323					
Owner Name:								
Address:								
City:		State:	Zip:					
City.		Juli e.						
Owner Name:								
Address:								
City:		State:	Zip:					
Owner Name:								
Address:								
City:		State:	Zip:					
u.c.y.			·					
Owner Name:								
Address:								
City:		State:	Zip:					
Owner Name:								
Address:								
City:		State:	Zip:					
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Well # 1--5 INF