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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: 8/15/2014 Oil Lease: No. of Oil Wells Effective Date of Transfer: 1 Gas Lease: No. of Gas Wells \_ 232750 KS Dept of Revenue Lease No .: Gas Gathering System: Lease Name: HAWORTH Saltwater Disposal Well - Permit No.: \_\_\_ feet from N / S Line Legal Description of Lease: \_\_\_ feet from E / W Line T033S - R036W; SEC 015 N2, S2 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): Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Type of Pit: Settling Emergency Burn Haul-Off Workover Drilling Past Operator's License No. 32864 ( **BRENDA WALLER** 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 Signature: New Operator's License No. 33999 **NANCY FITZWATER** Contact Person: New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone-600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR 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 Authorized Signature DEC 1 1 2014 DISTRICT -PRODUCTION \_ Mail to: Past Operator\_ New Operator\_ District

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232750

#### Side Two

#### Must Be Filed For All Wells

| * Lease Name: | HAWORTH                      | *Location: 24 34 36WNW   |                             |                                   |                                      |  |
|---------------|------------------------------|--|-----------------------------|-----------------------------------|--------------------------------------|--|
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |                             | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |  |
| 23            | 15189207110002               | 368<br><mark>34</mark> 6FNL                                    | 2310<br><del>229</del> 8FWL | 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                     |                                   | + 14                                 |  |
|               |                              | 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                     |                                   |                                      |  |
|               |                              | FSL/FNL  | FEL/FWL                     |                                   |                                      |  |
|               |                              | FSL/FNL  | FEL/FWL                     |                                   |                                      |  |

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.

|   | -1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)  |  |  |  |  |
|---|--|--|--|--|--|
| OPERATOR: License # 32864   | Well Location:   |  |  |  |  |
| Name: XTO ENERGY INC.   |  |  |  |  |  |
| Address 1: 210 PARK AVENUE, SUITE 2350  |  |  |  |  |  |
| Address 2:  | Lease Name: HAWORTH Well #:23  |  |  |  |  |
| City: OKLAHOMA CITY State: OK Zip: 73102 +  | — If filing a Form T-1 for multiple wells on a lease, enter the legal description or   |  |  |  |  |
| Contact Person: BRENDA WALLER   | the lease below:<br>T033S - R036W: SEC 015 N2, S2  |  |  |  |  |
| Phone: ( 405 319-3259 Fax: ( )  | 10000 - 10000W. DEC 010 NZ, DZ   |  |  |  |  |
| Email Address: BRENDA_WALLER@XTOENERGY.COM  | <del>-</del>   |  |  |  |  |
| 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:  | and the second of the second o |  |  |  |  |
| City: State: Zip:+  | _  |  |  |  |  |
| are preliminary non-binding estimates. The locations may be entere  Select one of the following:  | ank batteries, pipelines, and electrical lines. The locations shown on the plat<br>d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  |  |  |  |  |
| owner(s) of the land upon which the subject well is or will b   | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.  |  |  |  |  |
| KCC will be required to send this information to the surface  | I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.  |  |  |  |  |
| If choosing the second option, submit payment of the \$30.00 handle<br>form and the associated Form C-1, Form CB-1, Form T-1, or Form C | ing fee with this form. If the fee is not received with this form, the KSONA-1<br>CP-1 will be returned.   |  |  |  |  |
| I hereby certify that the statements made herein are true and correc  | -  |  |  |  |  |
| Date: Signature of Operator or Agent: We  | Title: Vice President-Land   |  |  |  |  |
| API # :15189207110001 KDOR #23275   |  |  |  |  |  |

### Surface Owners

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| API#: <u>15189207110001</u> |                    | Lease Name: HAWOR | Well # <u>23</u> |  |
|-----------------------------|--------------------|-------------------|------------------|--|
| Owner Name:                 | CURZON, GWENDOI    | YN F ETAL         |                  |  |
| Address:                    | ATTN: GASKILL, JAI | NIE               | 1606 S MAIN      |  |
| City:                       | HUGOTON            | State: KS         | Zip: 67951-3054  |  |
| Owner Name:                 |                    |                   |                  |  |
| Address:                    |                    |                   |                  |  |
| City:                       |                    | Sha ka            | <b>-</b>         |  |
| City.                       |                    | State:            | Zip:             |  |
| Owner Name                  |                    |                   |                  |  |
| Owner Name:                 |                    |                   |                  |  |
| Address:                    |                    |                   |                  |  |
| City:                       |                    | State:            | Zip:             |  |
|                             |                    |                   |                  |  |
| Owner Name:                 |                    |                   |                  |  |
| Address:                    |                    |                   |                  |  |
| City:                       |                    | State:            | Zip:             |  |
|                             |                    |                   |                  |  |
| Owner Name:                 |                    |                   |                  |  |
| Address:                    |                    |                   |                  |  |
| City:                       |                    | State:            | Zip:             |  |
|                             |                    |                   |                  |  |
| Owner Name:                 |                    |                   |                  |  |
| Address:                    |                    |                   |                  |  |
| City:                       |                    | State:            | 7in:             |  |