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. Check Applicable Boxes: Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells ___ 201051 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: HAZEL DUNLAP Saltwater Disposal Well - Permit No.: _ _ feet from N / S Line Legal Description of Lease: __feet from TE / TW Line T031S - R035W: SEC 010 All 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) W Line of Section Type of Pit: Haul-Off Emergency Rum Settlina Workover Past Operator's License No. 32864 **BRENDA WALLER** Contact Person: 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 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: WGP-KHC LLC 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: Date: Authorized Signature Authorized Signature DEC 1 1 2014 PRODUCTION ___ DISTRICT ___ Mail to: Past Operator **New Operator**

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Side Two

Must Be Filed For All Wells

* Lease Name:	HAZEL DUNLAP	Location: 10 31 35WW2			
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)
2	15189206950000 /	2520FSL	250 FWL 4030FEL-	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		
		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

^{*} 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.

OPERATOR: License #	Well Location:				
Name: XTO ENERGY INC.					
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	the lease below: T031S - R035W: SEC 010 All				
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:	the state of the s				
City:	-				
the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I 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 be	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 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 handli 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 P-1 will be returned.				
I hereby certify that the statements made herein are true and correct					
Date: Signature of Operator or Agent: Tim Wa	Adh Title: Vice President-Land				
API # :15189206950000 KDOR #20105					

Surface Owners

AUG 20 2014 **KCC WICHITA**

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API#: 151892	206950000	Lease Name: HAZEL DUNL	AP	Well # <u>2</u>					
Owner Name:	vner Name: CULLISON, JAMES W & ANNE L								
Address:	PO BOX 367								
City:	SATANTA	State: KS	Zip: 67870-0367						
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:						