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.

Gas Lesse: No. of Gas Wells 1 Gas Cathering System: Solvitoser Disposal Well - Permit No: Solvitoser Disposal Well - Permit No: Spot Location: Less Name: Enhanced Recovery Project Permit No: Enhanced Recovery Permit No: E	Check Applicable Boxes: "" Oil Lease: No. of Oil Wells"	Effective Date of Transfer: 8/15/2014			
Gas Gathering System: Gas Gathering System:					
Saltwater Disposal Well - Permit No. South Spot Location: feet from N / South Spot Location: feet from N / South Spot Location: feet from E / Wouth Line feet from	Constitution of Constitution o	No Dept of Neverde Lease No.			
Spot Location:					
Self from E / W Line Enhanced Recovery Project Permit No: T26S-R37W: SEC 2 ALL	disa di mining Palamatan di Kabupatèn Balawah Balawah Balawah Balawah Balawah Balawah Balawah Balawah Balawah	S2 S2 S2 NWSec. 2 Twp. 26 R. 37W EXW			
Enter Project: Yes No Number of Injection Wolfs Yes No Number of Injection Wolfs Yes No Yes No Yes No Yes Yes No Yes		Legal Description of Lease:			
Entire Project:	u 📻	T26S-R37W: SEC 2 ALL			
Number of Injection Wells	TERROR - 1, BENT FUTER TER <u>ESER</u> T 1 TO <u>FLO</u>				
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE *** Side Two Must Be Completed.** Surface Pit Permit No:		County KEARNY			
Surface Pit Permit No: API No. II Drill PII. WO or Haw)					
Surface Pit Permit No: (API No. if Drill Pit, WO or Haut) feet from N / S Line of Section feet from E / W Line of Section feet fro					
Title: REGULATORY COMPLIANCE SUPERVISOR Settling Date:	Side (WO Must be Completed.	Injection Zone(s):			
Title: REGULATORY COMPLIANCE SUPERVISOR Settling Date: Markovized Signature Date: Markovized Signature Date: Authorized Signature Date: Da	Surface Pit Permit No.:	feet from N / S Line of Section			
Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling A Past Operator's License No. 32864 Past Operator's License No. 32864 Past Operator's Name & Address: XTO ENERGY INC. Phone: 405-319-3259 Pate: 08/15/2014 Phone: 405-319-3259 Pate: 08/15/2014 Phone: 405-319-3269 Date: 08/15/2014 Signature: Time Walch Contact Person: NANCY FITZWATER Phone: 281-840-4000 Contact Person: NANCY FITZWATER Phone: 281-840-4000 Dit / Gas Purchaser: Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Wang Time A 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. is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No: Recommended action: Permit Recommended Recommended Recommended Recommended Recommended Reco		요 - ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^			
Past Operator's License No. 32864 / Contact Person: BRENDA WALLER Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land 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. 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: **Making Mignature** 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 corney 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.: _	Type of Pit:				
Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Manage Figurator 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. 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 /2 - /6 -/+ PRODUCTION DEC 1 7 2014 UIC DEC 1 7 2014					
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land Date:	Past Operator's License No. 32864 /	Contact Person: BRENDA WALLER			
Title: Vice President-Land Signature: Tim Wook New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser:	Past Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259			
New Operator's License No. 33999 / Contact Person:	210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102	Date: 08/15/2014			
New Operator's License No33999/ Contact Person:	Title. Vice President-Land	Signature: Tim Welch			
New Operator's Name & Address: LINN OPERATING, INC. 600 Travis Street, Suite \$100 Houston, TX 77002 Oil / Gas Purchaser: Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Signature: Signature Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		Ognavio.			
New Operator's Name & Address: LINN OPERATING, INC. 600 Travis Street, Suite \$100 Houston, TX 77002 Oil / Gas Purchaser: Date: 08/15/2014 Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Signature: Signature Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #					
Oil / Gas Purchaser:		Contact Person: NANCY FIIZWATER			
Date:	New Operator's Name & Address: LINN OPERATING, INC.	Phone:281-840-4000			
Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Sig	600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser:			
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 #	THE DECILIATORY COMPLIANCE SUDERVISOR	Signatura. Namou Titanator			
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.	INDE: RESOLATORY COMPLIANCE SUPERVISOR	Signature.			
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.					
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 the new operator of the above named lease containing the surface premit No.:					
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: permitted by No.: Date:	Commission records only and does not convey any ownership interest in the a	above injection well(s) or pit permit.			
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: permitted by No.: Date:	e actoniuladoral as	is acknowledged as			
Permit No.:					
Date:		the new operator of the above named lease containing the surface pit			
Authorized Signature Authorized Signature PRODUCTION DEC 1 7 21114 PRODUCTION DEC 1 7 21114 DEC 1 7 2011	Permit No.: Recommended action:	permitted by No.:			
Authorized Signature Authorized Signature PRODUCTION DEC 1 7 21114 PRODUCTION DEC 1 7 21114 DEC 1 7 2011					
DISTRICT EPR	Date:				
DISTRICT EPH		<u> </u>			
		PRODUCTION UIC DESCRIPTION			

Side Two

Must Be Filed For All Wells

Lease Name:	HILLYARD	* Location: 2 26 37WNW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fi	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1-2-2 (NPI)	15093203330008.	2350FNL^	1320FWL′	GAS	PR
			#1.77 50 50 50 50 50 50 50		
		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			- January Arta da Tanàna
		FSL/FNL			
<u></u>		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.

API#:15093203330000

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) CE	3-1 (Cathodic Protection Borehole Intert) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location: S2 S2 S2 NW Sec. 2 Twp.26 S. R. 37 East West				
Address 1: 210 PARK AVENUE, SUITE 2350					
Address 2:	Lease Name: HILLYARD Well #:1-2-2 (NPI)				
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: T26S-R37W: SEC 2 ALL				
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 information can be found in the records of the register of deeds for the				
Address 2:	and the second s				
City:					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address. I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.					
If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form	lling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.				
I hereby certify that the statements made herein are true and corre	ct to the best of my knowledge and belief.				
Date: Signature of Operator or Agent: Signature or	Title: Vice President-Land				

KDOR #207930

Surface Owners

API#: <u>15093</u>	203330000	Lease Name: HILLYARD		Well # <u>1-2-2 (NPI)</u>
Owner Name:	HOLMES, ALVIN	AND JANET		
Address:	PO BOX 276			
City:	LAKIN	State: KS	Zip: 67860	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
		Chahai	 .	
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	