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, Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells 221633 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: HUTTON A Saltwater Disposal Well - Permit No.: 31 TWD. 26 p ____ feet from N / S Line Legal Description of Lease: feet from E / W Line T026S - R037W: SEC 031 AII Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells County: Kearny Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No .: . N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Settling Burn Haul-Off Workover Drillina 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 New Operator's License No. 33999 Contact Person: NANCY FITZWATER 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 Date: 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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit Permit No.: _ . Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT _

New Operator

Mail to: Past Operator_

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Side Two

Must Be Filed For All Wells

* Lease Name:	HUTTON A	<u> 11. jan 19. jan</u>	* Location: 31	1 26 37WNW	
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)
A13 INF	15093215600000	1385FNL	1250FWL		ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
eta della dise <u>Burga di Tapa</u> e		FSL/FNL	FEL/FWL		
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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 # 32864	MANIA coolien			
Name: XTO ENERGY INC.				
Address 1: 210 PARK AVENUE, SUITE 2350	County: Kearny			
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:			
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			
Address 2:	OWNEL INVALIGACITY CAN DETOUND IN THE FECORAS OF THE FERISTER OF AGENCY FOR THE			
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City: State: Zip: + If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of loses made	(Cathorlic Protection Rorabola Intent), you must supply the gurface and a			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be enterested one of the following: X I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or with CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number,	Cathodic Protection Borehole Intent), you must supply the surface owners and is, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Dice Act (House Bill 2032), I have provided the following to the surface ill 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.			
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Surface Owners

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Owner Name: TATE FAMILY TRUST Address: PO BOX 69 City: LAKIN State: KS Zip: 67860 Owner Name: Address: City: State: Zip:	API#: <u>150932</u>	215600000	Lease Name: HUTTON A		Well # <u>A13 INF</u>
Address: PO BOX 69 City: LAKIN State: KS Zip: 67860 Owner Name: Address: City: State: Zip: Owner Name: Address: City: State: Zip:					
City: LAKIN State: KS Zip: 67860 Owner Name: Address: City: State: Zip:	Owner Name:	TATE FAMILY TRUST	7		
Owner Name: Address: City: State: Zip:	Address:	PO BOX 69			
Address: City: State: Zip: Owner Name: Address: City: State: Zip:	City:	LAKIN	State: KS	Zip: 67860	
Address: City: State: Zip: Owner Name: Address: City: State: Zip:					
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