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## 081514\_J\_Jones\_1-2INF.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form T1 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.	1		
Oil Lease: No. of Oil Wells**	Effective Date of Iransfer:		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 219840		
Gas Gathering System:	Lease Name: J JONES		
Saltwater Disposal Well - Permit No.:	SE_Sec. 30 Twp. 25 R. 33W FE XW		
Spot Location: feet from N / S Line	Legal Description of Lease:		
feet from E / W Line	T025S - R033W: SEC 030 All		
Enhanced Recovery Project Permit No.:	10255 - R03541. SEC 000 All		
Entire Project: Yes No			
Number of Injection Wells**	County: Finney		
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 Hauf)	feet from  E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling		
Past Operator's License No. 32864 /	Contact Person: BRENDA WALLER		
Past Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102	Date: 08/15/2014		
Title: Vice President-Land	Signature: Tim Welch		
New Operator's License No. 33999 '	Contact Person: NANCY FITZWATER		
New Operator's Name & Address: LINN OPERATING, INC.	FIGURE.		
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
	Date: 08/15/2014		
Title: _ REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Fitzwater		
Acknowledgment of Transfer: The above request for transfer of injection of	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
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 pi		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
DISTRICT EPR/2-19-14	PRODUCTION DEC 2 2 2014 UIDEC 2 2 7014		
Mail to: Past Operator New Operate	orDistrict		

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#### Side Two

#### Must Be Filed For All Wells

KDOR Lease No.: 219040  *Lease Name: 30 25 33WSE						
* Lease Name: SONES  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)	
J12 INF	15055210120001	330FSL *	2445FEL	HI	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			
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		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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (	Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License #	Well Location:		
Name: XTO ENERGY INC.	SESec30Twp.25S. R33East		
Address 1: 210 PARK AVENUE, SUITE 2350	County:Finney		
Address 2:	Lease Name: J JONES Well #: J12 INF  If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  T025S - R033W: SEC 030 All		
City: OKLAHOMA CITY State: OK Zip: 73102 +			
Contact Person: BRENDA WALLER			
Phone: ( 405 319-3259 Fax: ( )			
Email Address: BRENDA_WALLER@XTOENERGY.COM			
Surface Owner Information:           Name:         See Attached           Address 1:	When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.		
the KCC with a plat showing the predicted locations of lease roads, tark are preliminary non-binding estimates. The locations may be entered of Select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Notice and upon which the subject well is or will be	odic Protection Borehole Intent), you must supply the surface owners and alk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Act (House Bill 2032), I have provided the following to the surface 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 form; and 3) my operator name, address, phone number, fax,	being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface o task, I acknowledge that I am being charged a \$30.00 handlin	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this g fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.		
I hereby certify that the statements made herein are true and correct t			
Date: Signature of Operator or Agent: Tim Weld	h Title: Vice President-Land		
Date: Signature of Operator or Agent:			

**KDOR #219840** 

API#:15055210120001

### **Surface Owners**

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API#: 150552	210120001	Lease Name: J JONES		Well # <u>J12 INF</u>
Owner Name:	WHEATLAND ELEC	TRIC COOPERATIVE INC		
Address:	PO BOX 1078			
City:	GARDEN CITY	State: KS	Zip: 67846-1078	
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:	