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081514_John_W_Lan_3INF.pdf

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	ed with this form 8/15/2014
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 221768
Gas Gathering System:	Lease Name: JOHN W LAN
Saltwater Disposal Well - Permit No.:	NE Sec. 24 Twp. 26 R. 34W EXW
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from E / W Line	T025S - R034W: SEC 024 All
Enhanced Recovery Project Permit No.:	
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 Haul)	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:
	Contact Passage NANCY FITZWATER
New Operator's License No. 33999	Conact reisor:
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4000
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: WGP-KHC LLC
	Date: 08/15/2014
Title:REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Triggrator
IIII REGULATORI COMI LIANOE COI ERVICOR	
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface bit permit # has been
noted, approved and duly recorded in the records of the Kansas Corporation C	
Commission records only and does not convey any ownership interest in the a	
Commission records only and does not estrest day of motors in motors.	
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:	Date:
Authorized Signature	Authorized Signature
	PRODUCTION DEC 2 2 2014 UDEC 2 2 7014
Mail to: Past Operator New Operato	orDistrict

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Side Two

Must Be Filed For All Wells

* Lease Name:	JOHN W LAN		* Location: 2	4 26 34WNE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line Type of Wel		Type of Well (Oil/Gas/INJ/WSW)	ell Well Status WSW) (PROD/TA'D/Abandoned)
3 INF	15055215560000	575FNL′	2495FEL	H	ACTIVE
7.10		3/3FNL	2455FEL		
		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		
		FOL FALL	ET BELLH		
		FSL/FNL			
		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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API#:15055215560000

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)		
32864	Mall Location		
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:NE Sec, 24 Twp, 26 S. R. 34 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County: Finney Lease Name: JOHN W LAN Well #:3 INF		
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 the lease below: T025S - R034W: SEC 024 All		
Contact Person: BRENDA WALLER			
Phone: (405 319-3259 Fax: ()	10255 - R054W. SEC 024 MII		
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:	county, and in the real estate property tax records of the county treasurer.		
City:			
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered o	odic Protection Borehole Intent), you must supply the surface owners and k 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.		
Select one of the following:			
owner(s) of the land upon which the subject well is or will be I	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.		
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owners, I acknowledge that I am being charged a \$30.00 handling	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, 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 CP-	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 to			
Date: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land		
Date: Signature of Operator or Agent:			

KDOR #221768

Surface Owners

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API#: <u>150552</u>	215560000	Lease Name: JOHN W LAN		Well # <u>3 INF</u>
Owner Name:	LOEWEN, JOHAN P			
Address:	PO BOX 1098			
City:	SUBLETTE	State: KS	Zip: 67877-1098	
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:				
Citv:		State:	Zip:	