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,
MIST he submitted with this form

Gas Lease: No. of Oil Wells Gas Lease: No. of Gas Wells Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells ** Side Two Must Be Completed. Surface Pit Permit No.: (API No. II Drill Pit, WO or Haul) Past Operator's License No. 219842 KS Dept of Revenue Lease No.: 219842 KS Dept of Revenue Lease No.: 219842 Lease Name: JOHNSON Lease Name: JOHNSON Lease Name: JOHNSON County: Lease Name: JOHNSON Lease Name: JOHNSON County: Lease Name: JOHNSON Lease Name: JOHNSON County: Lease Name: JOHNSON Lease Name: JOHNSON Lease Name: JOHNSON County: Lease Name: JOHNSON Lease	EW
Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: Itelet from R / S Line Itelet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells Touris Pit, WO or Hauli) Surface Pit Permit No.: (API No. II Drill Pit, WO or Hauli) Past Operator's License No. 32864 / Contact Person: BRENDA WALLER Past Operator's License No. 33999 / Contact Person: NANCY FITZWATER	E X W
Saltwater Disposal Well - Permit No.: Spot Location: teet from N / S Line teet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells *** Side Two Must Be Completed. Surface Pit Permit No.: (API No. II Dnil Pit, WO or Haul) Feet from Settling Haul-Off Workover Drilling Past Operator's License No. 32864 ✓ Contact Person: BRENDA WALLER Phone: 405-319-3259 Date: 08/15/2014 Signature: Divided Name: 30/INSON 33 Twp. 25 R. 37W Lease Name: 30/INSON 33 Twp. 25 R. 37W Legal Description of Lease: To26S - R037W: SEC 033 All County: Kearny Production Zone(s): Injection Zone(s): Injection Zone(s): Injection Zone(s): Surface Pit Permit No.: Surface Pit Permit No.: API No. II Dnil Pit, WO or Haul) feet from N / S Line of Section Surface Pit Permit No.: Surface Pit Permit No.: API No. II Dnil Pit, WO or Haul) Feet from N / S Line of Section N / S Line of Section Surface Pit Permit No.: Surface Pit Permit No.: Beat from N / S Line of Section No. 1 / S Line of Section No. 2 / S / S / S / S / S / S / S / S / S /	_ E X W
Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Inter Project: Yes No Number of Injection Wells **Side Two Must Be Completed. Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Past Operator's License No. 200 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land N / S Line Legal Description of Lease: T026S - R037W: SEC 033 All County: Kearny Production Zone(s): Legal Description of Lease: T026S - R037W: SEC 033 All County: Kearny Production Zone(s): Legal Description of Lease: T026S - R037W: SEC 033 All County: Kearny Production Zone(s): Legal Description of Lease: T026S - R037W: SEC 033 All County: Kearny Production Zone(s): Haul-Off Section No. / S Line of Section Feet from N / S Line of Section Feet from E / W Line of Section Feet from D / W Line of Sect	EXW
Spot Location:	
Enhanced Recovery Project Permit No.:	
Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed. Surface Pit Permit No.: (API No. II Drill Pit, WO or Haul) Feet from If I Workover Injection	
Number of Injection Wells ** Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE *** Side Two Must Be Completed. Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Past Operator's License No. 22864 / Contact Person: BRENDA WALLER Phone: 405-319-3259 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Title: Vice President-Land Setting Production Zone(s): Linjection Zone(s): Injection Zone(s): Injection Zone(s): Injection Zone(s): Linjection Zone(s): Li	
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Setting Haul-Off Workover Drilling KA 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 Title: Vice President-Land New Operator's License No. 33999 Contact Person: NANCY FITZWATER	
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) [API	
Contact Person: Settling Haul-Off Workover Drilling Contact Person: BRENDA WALLER	
Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling KH 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 Title: Vice President-Land Signature: Name Waller New Operator's License No. 33999 Contact Person: Name Name Name Name Name Name Name Name	
Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling KH 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 Title: Vice President-Land Signature: Name Walch New Operator's License No. 33999 Contact Person: Nancy Fitzwater	
Past Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Date: 08/15/2014 Signature: New Operator's License No. 33999 Contact Person: NANCY FITZWATER	
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Date: 08/15/2014 Signature: Signature: NANCY FITZWATER	
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 Date: 08/15/2014 Signature: Signature: NANCY FITZWATER	
Title: Vice President-Land Signature: Tim Welch New Operator's License No. 33999 Contact Person: NANCY FITZWATER	
New Operator's License No. 33999 Contact Person: NANCY FITZWATER	
	
	4
New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4000	
600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser:	
Date: 08/15/2014	
Title: REGULATORY COMPLIANCE SUPERVISOR Signature: Nancy Fitzgarder	
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	
Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	Corporation
is acknowledged as is acknowledged as	Corporation
the new operator and may continue to inject fluids as authorized by	Corporation
Permit No.: Recommended action: permitted by No.:	wledged as
	wledged as
Date:	wledged as
Authorized Signature Authorized Signature	wledged as
DISTRICT EPR /2-/6-/4 PRODUCTION DEC 1 7 2014 UIDEC 17	wledged as

Side Twe

Must Be Filed For All Wells

* Lease Name	: JOHNSON		* Location: 3	3 26 37WNW	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet t	n Section Line from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
A3 INF	15093213900001	1250FNL	1250FWL	H	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	rii on de la companya de la company Companya de la companya de la compa	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	illian i tra Risa. Tambi i tra Risa.	
		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.

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.

22864						
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location	n: <mark>.W</mark> Sec <u>33</u> Twp. <u>26SR37</u> East K West				
Name: ATO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350	County: Kea	•				
	•	JOHNSON Well #:A3 INF				
Address 2:						
Contact Person: BRENDA WALLER		the lease below:				
T026S - R037W: SEC 033 All ne: (Fax: ()						
Email Address: BRENDA_WALLER@XTOENERGY.COM						
Surface Owner Information:						
Name: See Attached	When filina i	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 nation can be found in the records of the register of deeds for the				
Address 2:	Owner unorn	in the real estate property tax records of the county treasurer.				
City: State: Zip:+ _						
the KCC with a plat showing the predicted locations of lease are preliminary non-binding estimates. The locations may be Select one of the following:	e entered on the Form C-1	plat, Form CB-1 plat, or a separate plat may be submitted.				
I certify that, pursuant to the Kansas Surface Ownowner(s) of the land upon which the subject well is CP-1 that I am filing in connection with this form; 2) form; and 3) my operator name, address, phone nur	or will be located: 1) a cop if the form being filed is a	by of the Form C-1, Form CB-1, Form T-1, or Form Form C-1 or Form CB-1, the plat(s) required by this				
I have not provided this information to the surface of KCC will be required to send this information to the task, I acknowledge that I am being charged a \$30.0	surface owner(s). To miti	gate the additional cost of the KCC performing this				
If choosing the second option, submit payment of the \$30.0 form and the associated Form C-1, Form CB-1, Form T-1, or	00 handling fee with this for r Form CP-1 will be returne	rm. If the fee is not received with this form, the KSONA-1 ed.				
I hereby certify that the statements made herein are true an	d correct to the best of my	knowledge and belief.				
Date: Signature of Operator or Agent:	Tim Welch	Title:Title:				
Signature of Operator of Agent.	R #219842	I rue:				

Surface Owners

API#:150932	213900001	Lease Name: JOHNSON		Well # <u>A3 INF</u>
Owner Name:	THOMPSON, KEITH I	ETAL		
Address:	806 OLD FARM ESTA			
City:	HUTCHINSON	State: KS	Zip: 67502	
Owner Name:	FAISON, JOHN J III T	RUST ETAL		
Address:	120 S BEACH DR			
City:	ST. AUGUSTINE	State: FL	Zip: 32084	
Owner Name:				
Address:			·	
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name				
Owner Name:				
Address:				
City:		State:	Zip:	