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### 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.

Check Applicable Boxes: MUST be submitted	ed with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 220026
Gas Gathering System:	Lease Name: KIMZEY
Saltwater Disposal Well - Permit No.:	NW_Sec. 11 Twp. 34 R. 37W FXW
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T034S - R037W: SEC 011 NE4, NW4, SW4, SE4
Entire Project: Yes No	
Number of Injection Wells **	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	feet from N / S Line of Section
- 第1 - <u>-   新期 -                                     </u>	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	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	Date: 08/15/2014
	Tim Welch
Title: Vice President-Land	Signature:
New Operator's License No. 33999 /	Contact Person: NANCY FITZWATER
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4000
	Oil / Gas Purchaser: ONEOK FIELD SERVICES
600 Travis Street, Suite 5100 Houston, TX 77002	
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tigwator
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit 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	
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
DISTRICT EPR _/2-/1-/4 P	PRODUCTION DEC 1 2 2014 UBEC 12 2014
Mail to: Past Operator New Operato	r District

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#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	KIMZEY		* Location: 11	34 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)
13 INF	15189218290001	1250FNL	1250FWL		ACTIVE
		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		
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-		FSL/FNL	FEL/FWL		
<u> </u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	24 	
		FSL/FNL	FEL/FWL		
<u> </u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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

<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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API#:15189218290001

#### 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 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:			
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens			
	Lease Name: KIMZEY Well #:1-3 INF			
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:			
Phone: ( 405 319-3259 Fax: ( ) Email Address: BRENDA_WALLER@XTOENERGY.COM	T034S - R037W: SEC 011 NE4, NW4, SW4, SE4			
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, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be locations.	ocated: 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 to form; and 3) my operator name, address, phone number, fax, at	peing 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 as KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the rner(s). To mitigate the additional cost of the KCC performing this 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 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			
Digitalis of Operator of Agent				

**KDOR #220026** 

### **Surface Owners**

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API#: <u>151892</u>	Well # <u>13 INF</u>						
Owner Name:	SHREVE, BETTY						
Address:	C/O MARILYN DANIEL	,	17227 KAREN LANE				
City:	NEOSHO	State: MO	Zip: 64850-7783				
Owner Name:	KIMZEY, DR & SHREVE, BETTY						
Address:	916 E HWY 377 APT 126						
City:	GRANBURY	State: TX	Zip: 76048-1401				
Owner Name:							
Address:							
City:		State:	Zip:				
Owner Name:							
Address:							
City:		State:	Zip:				
Owner Name:							
Address:							
City:		State:	Zip:				
Owner Name:							
Address:							
City:		State:	Zip:				