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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:	[ - 그는 10 ] - 이 이 이 이 사람들이 아니다 그를 보면 되었다. 그는 그는 그는 그를 보는 것이 없다.
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.: 208287
Gas Gathering System:	Lease Name: KING
Saltwater Disposal Well - Permit No.:	W2 Sec. 31 Twp. 33 R. 36W EXW
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from E / W Line	T033S - R036W: SEC 031 E2 NW4, NE4, SE4, E2 SW4 (NWNW)
Enhanced Recovery Project Permit No.:	(SWNW) (NWSW) (SWSW)
Entire Project: Yes No	
Number of Injection Wells***	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE
** Side Two Must Be Completed.	Injection Zone(s):
Curfoca Dit Downit No.	feet from N / S Line of Section
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	Haul-Off ☐ Workover ☐ Drilling 火↓
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
Was Bresident Lord	Tim Welch
Title: Vice Fresident-Land	Signature:
New Operator's License No. 33999	Contact Person: NANCY FITZWATER
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4000
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES
	Date: 08/15/2014
	040 27
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Stignator
Acknowledgment of Transfer: The above request for transfer of injection a	
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	pove 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.:
FORM TO	
Poto	Date:
Date:	Authorized Signature
DISTRICT EPR 12-11-14 F	PRODUCTION ULU 1 2 2014 DEC 1 2 2014
	r District

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#### Side Two

#### Must Be Filed For All Wells

Lease Name:	KING		* Location: 31	I 33 36WW2	
Well No.			Footage from Section Line Type of Well Well Status (i.e. FSL = Feet from South Line) (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned		
12	15189205840000	2500FNL	1250FWL	GAS	ACTIVE
			- 19		
		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			
		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#:15189205840000

#### 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) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #32864  Name:XTO ENERGY INC.  Address 1:210 PARK AVENUE, SUITE 2350	Well Location:W2 Sec, 31 Twp, 33 S. R. 36 East West County: Stevens			
	Lease Name: KING Well #:1-2			
Address 2:	Lease Name: Well #:12  If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  T033S - R036W: SEC 031 E2 NW4, NE4, SE4, E2 SW4			
Contact Person: BRENDA WALLER				
Phone: (405319-3259	(NWNW) (SWNW) (NWSW) (SWSW)			
Email Address: BRENDA_WALLER@ATOENERGT.COM				
Surface Owner Information:				
Name: See Attached	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			
Address 1:	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, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form the form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). I as KCC will be required to send this information to the surface owners, I acknowledge that I am being charged a \$30.00 handling	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ceing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-				
I hereby certify that the statements made herein are true and correct to				
Date: 8/15/2014 Signature of Operator or Agent: Tim Welch	Title: Vice President-Land			
· · · · ·				

KDOR #208287

### **Surface Owners**

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API#: 151892	205840000	Lease Name: KING		Well # <u>12</u>
Owner Name:	LEININGER, CHELLI	E D		
Address:	1226 ROAD 16			
City:	HUGOTON	State: KS	Zip: 67951-5163	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
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City:		State:	Zip:	
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