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

| Check Applicable Boxes: MUST be submit | tted with this form. | | | |
|--|--|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: 8/15/2014 | | | |
| X Gas Lease: No. of Gas Wells* | KS Dept of Revenue Lease No.: 208462 | | | |
| Gas Gathering System: | Lease Name: MADDEN | | | |
| Saltwater Disposal Well - Permit No.: | 200 200 200 | | | |
| Spot Location: feet from N / S Line | · \ | | | |
| feet from E / W Line | Legal Description of Lease: | | | |
| Enhanced Recovery Project Permit No.: | T032S - R037W: SEC 036 S2 T033S - R037W: SEC 001 N2 | | | |
| 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): | | | |
| | | | | |
| Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul) | feet from N / S Line of Section | | | |
| | feet fromE /W Line of Section | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling 火丸 | | | |
| 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 | Date: Welch | | | |
| Title: | Signature: | | | |
| New Operator's License No. 33999 / | Contact Person: NANCY FITZWATER | | | |
| New Operator's Name & Address: LINN OPERATING, INC. | Phone: | | | |
| 600 Travis Street, Suite 5100 Houston, TX 77002 | Oil / Gas Purchaser: ONEOK FIELD SERVICES | | | |
| | 0014 51004 4 | | | |
| | | | | |
| Title: REGULATORY COMPLIANCE SUPERVISOR | Signature: Nancy Fuzurater | | | |
| 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 Corporation | | | |
| Commission records only and does not convey any ownership interest in the | above 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.: | | | |
| | | | | |
| Date: | Date: | | | |
| Authorized Signature | Authorized Signature | | | |
| DISTRICT EPR 12-10-14 | PRODUCTION DEC 1 1 2014 UIC DEC 1 1 11 | | | |
| Mail to: Past OperatorNew Operato | | | | |

Side Two

Must Be Filed For All Wells

| * Lease Name: | MADDEN | * Location: 36 32 37WSW | | | |
|--|---|-------------------------|--|--|--------------------------------------|
| Well No. | API No. (YR DRLD/PRE '67) | | Footage from Section Line (i.e. FSL = Feet from South Line) | | Well Status (PROD/TA'D/Abandoned) |
| 12 | 15189204780000/ | 1250FSL | 1250FEL | GAS | ACTIVE |
| | | | FEL/FWL | | |
| | | | | | |
| BHHRAIL | | FSL/FNL | FEL/FWL | Projection of the Control of the Con | |
| | | FSL/FNL | FEL/FWL | | |
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| | *************************************** | FSUFNL | FEL/FWL | V | |
| | *************************************** | FSL/FNL | FEL/FWL | | |
| | *************************************** | FSL/FNL | FEL/FWL | | - |
| | | FSL/FNL | FEL/FWL | | |
| | | FSUFNL | FEL/FWL | | |
| | *************************************** | | FEL/FWL | | |
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| · · · · · · · · · · · · · · · · · · · | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | www. | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| -n-y-w | | 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,

API#:15189204780000

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.

| OPERATOR: License # | Well Location: | | | | |
|---|--|--|--|--|--|
| Name: XTO ENERGY INC. | | | | | |
| Address 1: 210 PARK AVENUE, SUITE 2350 | County:Stevens | | | | |
| Address 2: | Lease Name: MADDEN Well #:12 | | | | |
| City: OKLAHOMA CITY State: OK Zip: 73102 + | | | | | |
| Contact Person: BRENDA WALLER | the lease below: | | | | |
| Phone: (405 319-3259 Fax: () | T032S - R037W: SEC 036 S2 T033S - R037W: SEC 001 N2 | | | | |
| 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: | | | | | |
| City: State: Zip:+ | | | | | |
| | | | | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entere | nthodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | | |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the following; and 3) my operator name, address, phone number, factors. | athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Dee Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ex, and email address. | | | | |
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KDOR #208462

Surface Owners

| API#: <u>15189</u> 2 | 204780000 | Lease Name: MADDEN | | Well # <u>12</u> |
|----------------------|----------------|--------------------|-----------------|------------------|
| | | | | |
| Owner Name: | BAUGHMAN, GARY | L & JOYCE E | | |
| Address: | 228 N JACKSON | | | |
| City: | HUGOTON | State: KS | Zip: 67951-2040 | |
| | | | | |
| Owner Name: | | | | |
| Address: | | | | |
| City: | | State: | Zip: | |
| | | | | |
| Owner Name: | | | | |
| Address: | | | | |
| City: | | State: | Zip: | |
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| Owner Name: | | | | |
| Address: | | | | |
| City: | | State: | Zip: | |
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| Owner Name: | | | | |
| Address: | | | | |
| City: | | State: | Zip: | |
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| Owner Name: | | | | |
| Address: | | | | |
| City: | | State: | Zip: | |