### 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.

| 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.: 202769                                       |
| Gas Gathering System:  | NO Dept of Hevertue Leade No   |
| Saltwater Disposal Well - Permit No.:  | Lease Name: MCCOY  |
| Spot Location: feet from N / S Line  |  |
| feet from E / W Line   | Legal Description of Lease:  |
| Enhanced Recovery Project Permit No.:  | T025S - R034W: SEC 025 All   |
| 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.:(API No. if Drill Pit, WO or Haul)                    | feet from N / S Line of Sectionfeet 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:   |
| 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   |
| Title: REGULATORY COMPLIANCE SUPERVISOR                                      | Signature:   |
| 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. This acknowledgment of transfer pertains to Kansas Corporation |
| Commission records only and does not convey any ownership interest in the a  | 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 F   | PRODUCTION DEC 2 2 2014 DEC 2 2 2014                                       |
|  | or District  |

#### Side Two

#### Must Be Filed For All Wells

| * Lease Name: MCCOY                    |  | * Location: 25 25 34WSW                                     |         |  |   |
|--|--|---|---------|--|---|
| Well No. API No.<br>(YR DRLD/PRE 167)  |  | Footage from Section Line (i.e. FSL = Feet from South Line) |         | Type of Well<br>(Oil/Gas/INJ/WSW)        | Well Status<br>(PROD/TA'D/Abandoned)      |
| 3                                      | 15055006150000 /   | 2310FSL   | 2970FEL | GAS                                      | ACTIVE                                    |
|  |  |   | FEU/FWL |  |   |
|  |  | FSL/FNL   | FEL/FWL |  |   |
|  |  | FSL/FNL   | FEL/FWL |  |   |
| ······································ |  | FSUFNL  | FEL/FWL |  | *   |
|  |  | FSL/FNL   | FEL/FWL |  |   |
|  |  | FSL/FNL   | FEL/FWL |  |   |
|  |  | FSL/FNL   | FEL/FWL |  |   |
|  | Walder of the state of the stat | FSL/FNL   | FEL/FWL |  |   |
|  |  | FSL/FNL   | FEL/FWL |  | 41-7-30-7-1-30-7-30-7-30-7-30-7-30-7-30-7 |
|  | 4+   | FSL/FNL   | FEL/FWL |  |   |
| W. (2011)                              |  | FSL/FNL   | FEL/FWL |  | -   |
| d.d                                    |  | FSL/FNL   | FEL/FWL |  | -   |
|  |  | FSL/FNL   | FEL/FWL |  |   |
|  | THE CONTRACTOR OF THE CONTRACT | 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 | 4000-00-00-00-00-00-00-00-00-00-00-00-00 |   |
|  |  | 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.

#### 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   | athodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)   |  |  |
|---|---|--|--|
| OPERATOR: License # 32864  Name: XTO ENERGY INC.  | Well Location:SW Sec. 25 Twp.25 S. R. 34 East West  |  |  |
| Address 1: 210 PARK AVENUE, SUITE 2350  | County-Finney   |  |  |
| Address 2:  | Lease Name: Well #:3  |  |  |
| City: OKLAHOMA CITY State: OK Zip: 73102 +  | It filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:<br>T025S - R034W: SEC 025 All  |  |  |
| Contact Person: BRENDA WALLER   |   |  |  |
| Phone: ( 405 319-3259 Fax: ( )  |   |  |  |
| Email Address: BRENDA_WALLER@XTOENERGY.COM  |   |  |  |
| Surface Owner Information:  |   |  |  |
| Name: See Attached  | When filing a Form T-1 involving multiple surface owners, attach an additiona   |  |  |
| Address 1:  | <ul> <li>sheet listing all of the information to the left for each surface owner. Surface<br/>owner information can be found in the records of the register of deeds for the</li> </ul>   |  |  |
| Address 2:  | county, and in the real estate property tax records of the county treasurer.  |  |  |
| City:   |   |  |  |
| CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). Lac | the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id email address.  It knowledge that, because I have not provided this information, the per(s). To mitigate the additional cost of the KCC performing this |  |  |
|   | ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.   |  |  |
| 8/15/2014 Tim Welch   | Title: Vice President-Land  |  |  |
| Date: Signature of Operator or Agent: Tim Welch   | Title:Title:  |  |  |

KDOR #202769

API#:15055006150000

### **Surface Owners**

| API#: 150550                                   | 006150000   | Lease Name: | MCCOY  |                 | Well # <u>3</u> |  |  |  |  |
|--|-------------|-------------|--------|-----------------|-----------------|--|--|--|--|
|  |             |             |        |                 |                 |  |  |  |  |
| Owner Name: WHEATLAND ELECTRIC COOPERATIVE INC |             |             |        |                 |                 |  |  |  |  |
| Address:                                       | PO BOX 1078 |             |        |                 |                 |  |  |  |  |
| City:  | GARDEN CITY | Sta         | te: KS | Zip: 67846-1078 |                 |  |  |  |  |
|  |             |             |        |                 |                 |  |  |  |  |
| Owner Name:                                    |             |             |        |                 |                 |  |  |  |  |
| Address:                                       |             |             |        |                 |                 |  |  |  |  |
| City:  |             | Sta         | te:    | Zip:            |                 |  |  |  |  |
|  |             |             |        |                 |                 |  |  |  |  |
| Owner Name:                                    |             |             |        |                 |                 |  |  |  |  |
| Address:                                       |             |             |        |                 |                 |  |  |  |  |
| City:  |             | Sta         | te:    | Zip:            |                 |  |  |  |  |
|  |             |             |        |                 |                 |  |  |  |  |
| Owner Name:                                    |             |             |        |                 |                 |  |  |  |  |
| Address:                                       |             |             |        |                 |                 |  |  |  |  |
| City:  |             | Sta         | te:    | Zip:            |                 |  |  |  |  |
|  |             |             |        |                 |                 |  |  |  |  |
| Owner Name:                                    |             |             |        |                 |                 |  |  |  |  |
| Address:                                       |             |             |        |                 |                 |  |  |  |  |
| City:  |             | Sta         | te:    | Zip:            |                 |  |  |  |  |
|  |             |             |        |                 |                 |  |  |  |  |
| Owner Name:                                    |             |             |        |                 |                 |  |  |  |  |
| Address:                                       |             |             |        |                 |                 |  |  |  |  |
| City:  |             | Sta         | te:    | Zip:            |                 |  |  |  |  |