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: Oil Lease: No. of Oil Wells _____** Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: _MILES Saltwater Disposal Well - Permit No.: ____ NW - NW - SE . NW Sec. 36 Twp. 23 R. 38W EXW _____teet from N / S Line Legal Description of Lease: __ feet from T E / T W Line T23S-R38W: SEC 36 ALL Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Number of Injection Wells ___ County: KEARNY Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: ___ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover ☐ Drillina Past Operator's License No. 32864 / **BRENDA WALLER** Contact Person: Past Operator's Name & Address: XTO ENERGY INC. Phone: 405-319-3259 210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102 08/15/2014 Tim Welch Vice President-Land Signature: New Operator's License No. 33999 NANCY FITZWATER Contact Person: ___ New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: 08/15/2014 Nancy Fitzwater Title: REGULATORY COMPLIANCE SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ 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 ______. Recommended action: _ permitted by No.: ___ Date: Authorized Signature Authorized Signature DISTRICT _ PRODUCTION ___ Mail to: Past Operator_ New Operator_ District

Side Two

Must Be Filed For All Wells

* Lease Name	MILES	* Location: 36 23 38WNW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
21-36	15093216420000 /	3940FSL C	3930FEL ✓	Н	PR	
			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			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL	<u></u> .		

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#:15093216420000

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) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #32864 Name: XTO ENERGY INC.	Well Location: NW NW SE NW Sec. 36 Twp.23 S. R. 38 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County-KEARNY			
Address 2:	Lease Name: MILES Well #:21-36			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T23S-R38W: SEC 36 ALL			
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 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 county, and in the real estate property tax records of the county treasurer.			
Address 2:	соиту, аполные теа езкаге ргорену ках гесо из от the county в еазыет.			
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loce. CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). Lace	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 ad email address. cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1				
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.			
Date: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land			

KDOR #222636

Surface Owners

API#: 150932	216420000	Lease Name: MILES		Well # <u>21-36</u>
Owner Name:				
Address:	296 ROAD 120			
City:	SATANTA	State: KS	Zip: 67870	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:				
City:		State:	Zip:	
Owner Name:				
Address:		·		
Citv:		State:	Zip:	