### 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: 8/15/2014 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: NEIBUHR Saltwater Disposal Well - Permit No.: \_\_\_ \_- W2 W2. E2 Sec. 33 Twp. 23 R. 38W EXW \_\_\_\_\_\_feet from N/ S Line Legal Description of Lease: \_\_\_\_\_feet from | E / | W Line T23S-R38W: SEC 33 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.: \_\_ (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover スナ 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 J **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 Date: 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: Date: Authorized Signature Authorized Signature DISTRICT \_\_\_ PRODUCTION .. Mail to: Past Operator\_ New Operator\_

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	NEIBUHR	* Location: 33 23 38WE2			
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)
1-33	15093002100000	2490FSL	2290FEL	GAS	PR
			EFI /EWI		
· · · · · · · · · · · · · · · · · · ·	T-A Million	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	V. H.	-
		FSL/FNL	FEL/FWL		
A MANA		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		
		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	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 32864	Well Location:			
Name: XTO ENERGY INC.	0 W2 W2 E2 Sec. 33 Twp. 23 S. R. 38 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY			
Address 2:	Lease Name: NEIBUHR Well #:1-33			
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: BRENDA WALLER	the lease below: T23S-R38W: SEC 33 ALL			
Phone: ( 405 319-3259 Fax: ( )	1235-R30W: SEC 33 ALL			
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 owner information can be found in the records of the register of deeds for the			
Address 1:				
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod, 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 Accowner(s) of the land upon which the subject well is or will be location. 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, an	he Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  (House Bill 2032), I have provided the following to the surface ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form fing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
Have not provided this information to the surface owner(s). Lack KCC will be required to send this information to the surface own task, Lacknowledge that Lam being charged a \$30.00 handling for the second option, submit payment of the \$30.00 handling for the second option.	nowledge that, because I have not provided this information, the er(s). To mitigate the additional cost of the KCC performing this ee, 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-1				
I hereby certify that the statements made herein are true and correct to t	e best of my knowledge and belief.			
I hereby certify that the statements made herein are true and correct to t  Date: Signature of Operator or Agent: Tim Welch	ne best of my knowledge and belief.  Title: Vice President-Land			

API#:15093002100000

KDOR #207985

### **Surface Owners**

API#: 150930	002100000	Lease Name: NEIBUHR		Well # <u>1-33</u>
Owner Name:	HOUCK, GRANT AN	D SUSAN M		
Address:	PO BOX 434			
City:	SYRACUSE	State: KS	Zip: 67878	
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:				
City:		State:	Zip:	