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 be submitted with this form

Check Applicable Boxes: MUST be submitted.	ted 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.: 203128			
Gas Gathering System:	Lease Name: PALMER			
Saltwater Disposal Well - Permit No.:				
Spot Location:feet from N / S Line	NW. NW. NW. SE Sec. 31 Twp. 23 A. 38W EX			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T23S-R38W: SEC 31 ALL			
Entire Project: Yes No				
Number of Injection Wells **	County: KEARNY			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.				
Side 140 inust De Completeu.	Injection Zone(s):			
Surface Pit Permit No.:	feet from N / S Line of Section			
(API No. It Drill Pit, WO or Haul)	teet trom E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA			
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	Tim, Welsh			
Title:	Signature:			
New Operator's License No	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:			
	00/45/0044			
	Date: 08/15/2014			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titzwater			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the a				
• • •				
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.:			
Totalita No.	permitted by 140			
Date	Date			
Date:	Date:			
DISTRICT EPR _/3 -/8 -/4 P	PRODUCTION DEC 1 9 2014 UDEC 1 9 2014			
Mail to: Past Operator New Operato				

Side Two

Must Be Filed For All Wells

* Lease Name	PALMER	* Location: 31 23 38WSE			
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)
1-31	15093002080000 🗸	2435FSL	2480FEL	GAS	PR
	-	ANNAL ANNAL AND			
		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		
		FSL/FNL	FEL/FWL		
	4	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	-				
			FEL/FWL		
	All the second s	FSL/FNL	FEL/FWL		
		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.

#### 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.	NW NW NW SE Sec. 31 Twp.23 S. R. 38 East West				
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY				
Address 1: 210 PARK AVENUE, SUITE 2350 Address 2:	Lease Name: PALMER Well #:1-31				
City: OKLAHOMA CITY State: OK Zip: 73102 +					
Contact Person: BRENDA WALLER	the lease below:				
Phone: ( 405 319-3259 Fax: ( )	T23S-R38W: SEC 31 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				
Address 1:					
Address 2:	county, and in the real estate property tax records of the county treasurer.				
the KCC with a plat showing the predicted locations of lease roa	(Cathodic Protection Borehole Intent), you must supply the surface owners and				
If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa					
If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be en Select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well is or well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which the subject well as the control of the land upon which	(Cathodic Protection Borehole Intent), you must supply the surface owners and ids, tank batteries, pipelines, and electrical lines. The locations shown on the plat stered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by this				
If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be ensured to select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or with CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number.  I have not provided this information to the surface owner KCC will be required to send this information to the sur	(Cathodic Protection Borehole Intent), you must supply the surface owners and ids, tank batteries, pipelines, and electrical lines. The locations shown on the plat stered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by this				
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If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be en Select one of the following:  X   Learning that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or you CP-1 that Lam filling in connection with this form; 2) if the form; and 3) my operator name, address, phone numbed.    Thave not provided this information to the surface owner KCC will be required to send this information to the surface in task, Lacknowledge that Lam being charged a \$30.00 h.  If choosing the second option, submit payment of the \$30.00 h.	(Cathodic Protection Borehole Intent), you must supply the surface owners and ids, tank batteries, pipelines, and electrical lines. The locations shown on the plat intered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by this r, fax, and email address.  In acknowledge that, because I have not provided this information, the face owner(s). To mitigate the additional cost of the KCC performing this andling fee, payable to the KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 and CP-1 will be returned.				

# **Surface Owners**

API#: 150930	002080000	Lease Name: PALMER		Well # <u>1-31</u>		
Owner Name: MAUNE, MATT AND BECKY						
Address:	PO BOX 361					
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:			