081514_Pfeifer_2l-30.pdf

District

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: _PFEIFER Saltwater Disposal Well - Permit No.: ____ ______teet from N / S Line Legal Description of Lease: _____feet from F / W Line T22S-R33W: SEC 30 ALL Enhanced Recovery Project Permit No.: 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.: _ _ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover 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 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 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 DISTRICT ____ PRODUCTION _

New Operator

Mail to: Past Operator __

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 217155						
* Lease Name: PFEIFER		* Location: 30 22 33WW2				
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)	
21-30	1505520904000	2640FSL	4030FEL /	GAS	PR	
						
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		***************************************	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
•		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
****		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	400.000	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
700-7010 F		FSL/FNL	FEL/FWL			
M-d				•		
		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 #:15055209040000

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.

32864			
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location: 0		
Name: XTO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350	0 E2 W2 W2 Sec. 30 Twp. 22 S. R. 33 East West		
Address 2:			
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T22S-R33W: SEC 30 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 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:			
City: State: Zip:+			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cat	thodic 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 (Cat the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered. Select one of the following: X 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 filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filled is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KDOR #217155

Surface Owners

API#: <u>15055209040000</u>		Lease Name: PFEIFER		Well # <u>21-30</u>			
Owner Name: GARDEN CITY COMPANY							
Address:	PO BOX 597						
City:	GARDEN CITY	State: KS	Zip: 67846				
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:				