RECEIVED AUG 20 2014 KCC WICHITA

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: MUST be submitted	1			
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.: 207389			
Gas Gathering System:	Lease Name: _ PHELPS USA			
Saltwater Disposal Well - Permit No.:	N2 Sec. 35 Twp. 26 R. 36W FEXW			
Spot Location: feet from N / S Line	home home			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T026S - R036W: SEC 035 All			
Entire Project: Yes No				
Number of Injection Wells **	County: Kearny			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	feet from N / S Line of Section			
(API No. it Drill Pit, WO or Haul)	teet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling よん			
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	09/45/2044			
Vice President Land	Tim Welch			
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: WGP-KHC LLC			
	00/45/2044			
	V (IV)			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tugoator			
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 (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	BEC 1 9 2014 Authorized Signature			
	PRODUCTION UID TO ZUTT			
Mail to: Past Operator New Operato	Or District			

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Side Two

Must Be Filed For All Wells

Lease Name	PHELPS USA	* Location: 35 26 36WN2			
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
2	15093204120000	1250FNL /	2620FEL <	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		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		
			FEL/FWL		
	***************************************	FSL/FNL	FEL/FWL		
		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.

RECEIVED AUG 20 2014 **KCC WICHITA**

API#:15093204120000

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 # 32864	Well Location:			
Name: XTO ENERGY INC.				
Address 1: 210 PARK AVENUE, SUITE 2350 Address 2:	Lease Name:PHELPS USA Well #:2			
City: OKLAHOMA CITY State: OK Zip: 73102 +				
Contact Person: BRENDA WALLER	the lease below:			
Phone: (405 319-3259 Fax: ()	T026S - R036W: SEC 035 All			
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:				
Name: See Attached				
Address 1:	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 2:				
	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 road				
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 road are preliminary non-binding estimates. The locations may be entered to be subject one of the following: X 1 certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with the subject well in th	Cathodic Protection Borehole Intent), you must supply the surface owners and is, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Dice Act (House Bill 2032), I have provided the following to the surface ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Surface Owners

API#: 150932	204120000	Lease Name: PHELPS (USA	Well # <u>2</u>	
Owner Name:	SHAPLAND, LEON		•		
	10436 N ROAD L				
City:	ULYSSES	State: KS	Zip: 67880		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
		China	7:		
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
City.		otate.	p.		
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Owner Name:					
Address:					
City:		State:	Zip:		