### 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:  | itted with this form.  |  |  |
|--|--|--|--|
| Oil Lease: No. of Oil Wells***   | Effective Date of Transfer:  KS Dept of Revenue Lease No.:  203347   |  |  |
| Gas Lease: No. of Gas Wells***   |  |  |  |
| Gas Gathering System:  | Lease Name: _ REPUBLIC FEE   |  |  |
| Saltwater Disposal Well - Permit No.:                                      | NW_Sec14Twp32R38W  |  |  |
| Spot Location: feet from N / S Line  | Accounted by the state of the s |  |  |
| feet from E / W Line   | Legal Description of Lease:  |  |  |
| Enhanced Recovery Project Permit No.:                                      | T032S - R038W: SEC 010 SE4 SEC 011 SE4 SEC 014 NE4, NW4  |  |  |
| Entire Project: Yes No   |  |  |  |
| Number of Injection Wells **   | County: Stevens Production Zone(s): CHASE  |  |  |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE                          |  |  |  |
| ** 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 FE / W Line of Section   |  |  |
| Type of Pit: Emergency Burn Settling                                       | Haul-Off Workover Drilling   |  |  |
|  |  |  |  |
| 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   | 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: ONEOK FIELD SERVICES  |  |  |
| 000 11212 2122 2122 2122 2122 2122 2122                                    | 00/45/0044   |  |  |
|  | Outo.  |  |  |
| Title: REGULATORY COMPLIANCE SUPERVISOR                                    | Signature: Nancy Fitzwater   |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection    | authorization, surface pit permit # has been   |  |  |
| noted, approved and duly recorded in the records of the Kansas Corporation | n Commission. This acknowledgment of transfer pertains to Kansas Corporation   |  |  |
| Commission records only and does not convey any ownership interest in the  |  |  |  |
| 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.:  |  |  |
| D-1-   | Date:  |  |  |
| Date:  | Authorized Signature   |  |  |
| DISTRICT EPR _/2-/0-/4   | PRODUCTION DEC 1 1 2014 UN FC 1 1 2014   |  |  |
| Mail to: Past Operator New Opera   | DLO II   |  |  |

#### Side Two

#### Must Be Filed For All Wells

| Lease Name                                    | REPUBLIC FEE                 |                | * Location: 14 32 38WNW                                     |      |                                      |  |
|---|------------------------------|----------------|---|------|--------------------------------------|--|
| Well No.                                      | API No.<br>(YR DRLD/PRE '67) |                | Footage from Section Line (i.e. FSL = Feet from South Line) |      | Well Status<br>(PROD/TA'D/Abandoned) |  |
| 1   | 15189002770000 /             | 3960FSL        | 3960FEL   | GAS  | ACTIVE                               |  |
|   |                              |                |   |      |                                      |  |
|   |                              | 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   |      |                                      |  |
|   |                              |                |   |      |                                      |  |
|   |                              | m es 1 cm s (1 |   |      |                                      |  |
|   |                              |                |   |      |                                      |  |
|   |                              |                |   |      |                                      |  |
|   | ,                            |                |   |      |                                      |  |
|   |                              |                |   |      |                                      |  |
| <u>, , , , , , , , , , , , , , , , , , , </u> |                              |                |   |      |                                      |  |
|   |                              | FSL/FNL        | FEUFWL  |      |                                      |  |
| www.trutavatavatastikov                       |                              | FSL/FNL        | FEL/FWL   |      |                                      |  |
|   |                              | FSL/FNL        | FEL/FWL   |      |                                      |  |
|   |                              | FSL/FNL        | FEL/FWL   |      |                                      |  |
|   |                              | FSL/FNL        | FEL/FWL   | A.M. |                                      |  |
|   |                              | 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  | Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)  |  |  |  |
|--|--|--|--|--|
| OPERATOR: License # 32864  Name: XTO ENERGY INC.  Address 1: 210 PARK AVENUE, SUITE 2350   | Well Location:NW Sec. 14 Twp. 32 S. R. 38 East West County: Stevens  |  |  |  |
| Address 2:   | Lease Name: REPUBLIC FEE Well #:1  |  |  |  |
| 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:  |  |  |  |
| Phone: ( 405 319-3259 Fax: ( )   | T032S - R038W: SEC 010 SE4 SEC 011 SE4 SEC 014 NE4,  |  |  |  |
| Email Address: BRENDA_WALLER@XTOENERGY.COM   | NW4  |  |  |  |
| 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 county, and in the real estate property tax records of the county treasurer. |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tank   | fic Protection Borehole Intent), you must supply the surface owners and<br>batteries, pipelines, and electrical lines. The locations shown on the plat<br>the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.            |  |  |  |
| I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, ar | 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   |  |  |  |
|  | knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.  |  |  |  |
| If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1   | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.   |  |  |  |
| 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:  | <sub>Title:</sub> Vice President-Land  |  |  |  |
|  |  |  |  |  |

API # :15189002770000

KDOR #203347

### **Surface Owners**

| API#: 151890      | 002770000 Leas          | se Name: <u>REPUBLIC</u> | FEE             | Well # <u>1</u> |  |
|-------------------|-------------------------|--------------------------|-----------------|-----------------|--|
|                   |                         |                          |                 |                 |  |
| Owner Name:       | UNITED PENTECOSTAL C    | CHURCH INTERNATIO        | NAL             |                 |  |
| Address:          | Attn: BROLLIER, WOLF, I | KUHARIC                  | PO BOX 998      |                 |  |
| City:             | HUGOTON                 | State: KS                | Zip: 67951-0998 |                 |  |
|                   |                         |                          |                 |                 |  |
| Owner Name:       |                         |                          |                 |                 |  |
| Address:          |                         |                          |                 |                 |  |
| City:             |                         | State:                   | Zip:            |                 |  |
|                   |                         |                          |                 |                 |  |
| Owner Name:       |                         |                          |                 |                 |  |
| Address:          |                         |                          |                 |                 |  |
| City:             |                         | State:                   | Zip:            |                 |  |
|                   |                         |                          |                 |                 |  |
| Owner Name:       |                         |                          |                 |                 |  |
| Address:          |                         | _                        |                 |                 |  |
| City:             |                         | State:                   | Zip:            |                 |  |
| Own on November   |                         |                          |                 |                 |  |
| Owner Name:       |                         |                          |                 |                 |  |
| Address:<br>City: |                         | State:                   | Zip:            |                 |  |
| City.             |                         | state.                   | Ζі <b>р</b> .   |                 |  |
| Owner Name:       |                         |                          |                 |                 |  |
| Address:          |                         |                          |                 |                 |  |
| City:             |                         | State:                   | Zip:            |                 |  |