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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.: 203334		
Gas Gathering System:	Lease Name: REPUBLIC FEE		
Saltwater Disposal Well - Permit No.:	<u>sw</u> _{Sec.} <u>23</u> _{Twp.} <u>32</u> _{R.} <u>37W</u> E XW		
Spot Location: feet from N / S Line	Legal Description of Lease:		
feet fromE /W Line	T032S - R037W: SEC 023 SW4, SE4 SEC 026 NE4, NW4		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells **	County: Stevens		
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. it Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off ☐ Workover ☐ Drilling 火↓		
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: Tim Welch		
New Operator's License No. 33999 /	Contact Person: NANCY FITZWATER		
	004 040 4000		
New Operator's Name & Address: LINN OPERATING, INC.	1 1908€.		
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
	Date: 08/15/2014		
Title: _REGULATORY COMPLIANCE SUPERVISOR	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has beer		
noted, approved and duly recorded in the records of the Kansas Corporation C			
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 pi		
Permit No.: Recommended action:	permitted by No.:		
	·		
Date:	Date:		
· · · · · · · · · · · · · · · · · · ·	DEC 1 1 2014 DEC 1 1 2014		
	PRODUCTION UICO II ZUIT		
Man IV. Fast Operator	J		

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Side Two

Must Be Filed For All Wells

' Lease Name	REPUBLIC FEE	* Location: 23 32 37WSW			
Lease warne	J	Location:			
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)
1	15189002500000 /	330FSL	2970FEL	GAS	ACTIVE

		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
	January Control of the Control of th	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	4	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	<u> </u>	
		FSL/FNL	FEL/FWL		MATERIAL PROPERTY OF THE PROPE
		FSL/FNL	FEL/FWL		
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		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.

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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.

20004			
OPERATOR: License # 32864			
Name: XTO ENERGY INC.			
Address 1: 210 PARK AVENUE, SUITE 2350	County: Stevens		
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:		
Contact Person: BRENDA WALLER	T032S - R037W: SEC 023 SW4, SE4 SEC 026 NE4, NW4		
Phone: (405 319-3259	_		
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:	and only and in the earl extensional artists promote the parameter of the executive territories		
City:			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca	athodic 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 (Cathe KCC with a plat showing the predicted locations of lease roads,			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will.	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The control of the Form C-1 plat, or a separate plat may be submitted. The control of the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or 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#: <u>151890</u>	002500000	Lease Name: REPUBLI	C FEE	Well # <u>1</u>
Owner Name:	UNITED PENTECOS	TAL CHURCH INTERNATION	ONAL	
Address:	Attn: BROLLIER, Wo	OLF, KUHARIC	PO BOX 998	
City:	HUGOTON	State: KS	Zip: 67951-0998	
Owner Name:				
Address:				
City:	٠.	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:	