RECEIVED AUG 20 2014 KCC WICHITA

Mail to: Past Operator ___

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 Effective Date of Transfer: Oil Lease: No. of Oil Wells ___ Gas Lease: No. of Gas Wells _____1 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: _ROONEY Saltwater Disposal Well - Permit No.: ___ ____0 __0 __N2 _Sec. _ 4 Twp. 22 R. __ feet from N / S Line Legal Description of Lease: _____feet from E / W Line T22S-R35W: SEC 4 ALL Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: KEARNY Number of Injection Wells _ Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): ** Side Two Must Be Completed. Injection Zone(s):_ _ feet from N / S Line of Section Surface Pit Permit No .: _ (API No. if Drill Pit, WO or Haul) W Line of Section feet from Settling Haul-Off Workover KH Type of Pit:] Emergency Burn Past Operator's License No. __32864 / **BRENDA WALLER** Contact Person: Phone: 405-319-3259 Past Operator's Name & Address: XTO ENERGY INC. 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 _ 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 EPR 12-18-14 PRODUCTION _ DISTRICT _____

New Operator_

District

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Side Two

Must Be Filed For All Wells

* Lease Name: ROONEY		* Location: 4 22 35WN2			
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)
6-4 (NPI)	15093002150000 /	1320FNL	2640FWL	GAS	PR
			FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEUFWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		ANANAMANA
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
4.144		FSL/FNL	FEL/FWL		
-		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		And the second s
		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.

OPERATOR: License #	Well Location:			
Name: XTO ENERGY INC.	0 0 0 N2 Sec. 4 Twp. 22 S. R. 35 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY			
Address 2:	Lease Name: ROONEY Well #:6-4 (NPI)			
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description o			
Contact Person: BRENDA WALLER	the lease below: T22S-R35W: SEC 4 ALL			
Phone: (405 319-3259 Fax: ()	1220-10001. 020 4 1122			
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:	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.			
Address 2:				
City:				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca	nthodic 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 (Ca the KCC with a plat showing the predicted locations of lease roads, the are preliminary non-binding estimates. The locations may be entereward to the following: X I 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 Lam filling in connection with this form: 2) if the forms.	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 Act (House Bill 2032), I have provided the following to the surface plated in the surface of located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the surface of located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the surface of located: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this			
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API#:15093002150000

KDOR #203331

Surface Owners

API#: 15093002150000		Lease Name: ROONEY		Well # <u>6-4 (NPI)</u>
Owner Name:				
Address:	PO BOX 701			
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:		State:	Zip:	
City:		State.	zip.	
Owner Name:				
Address:				
City		State:	Zip:	