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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: MUST be submitt	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.: 221866		
Gas Gathering System:	Lease Name: ROSE		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T035S - R036W: SEC 017 N2 S2, N2 (SESE) (SWSE) (SESW) (SWSW)		
Entire Project: Yes No	(SWSW)		
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):		
SERVICE THE PROPERTY OF SERVICE SERVICES	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA		
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		
TRIE:	Signature.		
New Operator's License No. 33999	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		
	Date: 08/15/2014		
	Signature: Nancy Fuzivator		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a			
	•		
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	Authorized Signature		
DISTRICT EPR /2-11-14 F	PRODUCTION DEC 1 2 2014 DEC 1 2 2014		
Mail to: Past Operator New Operato	or District		

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Side Two

Must Be Filed For All Wells

KDOR Lease	a No.: 221866				
*Lease Name	ROSE	* Location: 17 35 36WNW			
Well No.	API No. (YR DRLD/PRE '67)			Type of Well (Oil/Gas/INJ/WSW)	Well Status W) (PROD/TA'D/Abandoned)
13 INF	15189221760000	1350FNL	1250FWL	н	ACTIVE
				44	
		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	A 100 M	F-MANAGEMENT AND ASSESSMENT AND ASSESSMENT A
		FSL/FNL	FEL/FWL		4844
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		WAA
		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		
		FSUFNL	FEL/FWL		
4					
		FSL/FNI	FEL/FWI		-
		IODINL	LLD WYL		

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.

Select the corresponding form being filed: C-1 (Intent) CB-	1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 32864	_ Well Location:		
Name: XTO ENERGY INC.	NW Sec. 17 Twp.35 S. R. 36 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens		
Address 2:	Lease Name: ROSE Well #:13 INF		
City: OKLAHOMA CITY State: OK Zip: 73102 +			
Contact Person: BRENDA WALLER	the lease below:		
Phone: (405 319-3259 Fax: ()	T035S - R036W: SEC 017 N2 S2, N2 (SESE) (SWSE) (SESW) (SWSW)		
Email Address: BRENDA_WALLER@XTOENERGY.COM	· · · · · · · · · · · · · · · · · · ·		
Surface Owner Information:			
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additiona		
Address 1:	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	 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. 		
City:	-		
the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and ink batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the forr form; and 3) my operator name, address, phone number, fax	Act (House Bill 2032), I have provided the following to the surface clocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the		
KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handli	owner(s). To mitigate the additional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-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: 8/15/2014 Signature of Operator or Agent: 5/2014	Title: Vice President-Land		

API#:15189221760000

KDOR #221866

Surface Owners

API#: 15189	221760000	Lease Name: ROSE		Well # 13 INF
Owner Name:	VOILES, JD & EST	HER FAM TR		
Address:	PO BOX 430			
City:	HOOKER	State: OK	Zip: 73945-0430	
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:	