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 ___ 212895 KS Dept of Revenue Lease No.: _ Gas Gathering System:_ Lease Name: SESSLER Saltwater Disposal Well - Permit No.: _ 21 Twp. 32 R. 35W FEXW Spot Location: _______ feet from N / N S Line Legal Description of Lease: _____feet from E / W Line T032S - R035W: SEC 021 NW4, SW4, SE4, NE4 Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells_ County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **COUNCIL GROVE** Production Zone(s):_ ** 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) E / W Line of Section とし Settling Haul-Off Drilling Type of Pit: Emergency Burn Workover Past Operator's License No. 32864 / **BRENDA WALLER** Contact Person: _ Past Operator's Name & Address: XTO ENERGY INC. Phone: 405-319-3259 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 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: ONEOK FIELD SERVICES 08/15/2014 Date:. Title: REGULATORY COMPLIANCE SUPERVISOR Signature: 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 Authorized Signature DISTRICT _ PRODUCTION Mail to: Past Operator_ **New Operator**

Side Two

Must Be Filed For All Wells

Well No.	API 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)
A12	15189207740000 /	2940FSL 2970FSL	2970FEL	GAS	ACTIVE
			FEL/FWL		
		FSL/FNL	FEL/FWL		
SALE RANGE CONTROL OF		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
*******		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	444	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
***************************************		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		The Management of the Control of the
		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.

API#:15189207740000

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.	NW Sec. 21 Twp.32 S. R. 35 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens			
Address 2:	Lease Name: SESSLER Well #:A12			
City: OKLAHOMA CITY State: OK Zip: 73102 +				
Contact Person: BRENDA WALLER	the lease below: T032S - R035W: SEC 021 NW4, SW4, SE4, NE4			
Phone: (405 319-3259 Fax: ()	_			
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			
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City: State: Zip:+ 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 (Ca the 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: X 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 locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. The located is 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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KDOR #212895

Surface Owners

API#: <u>151892</u>	207740000	Lease Name: SESSLER		Well# <u>A12</u>	_
Owner Name:	TITUS, CHARLENE	G TR			
	2402 CANTERBURY				
	HUTCHINSON	State: KS	Zip: 67502-2538		
City.		State. We	2.6.		
Oranga Namasa					
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:					
		Charles .	7:		
City:		State:	Zip:		