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### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-h 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:	thea with this form.		
Oil Lease: No. of Oil Wells***	Effective Date of Transfer:  KS Dept of Revenue Lease No.: 219844		
Gas Lease: No. of Gas Wells***			
Gas Gathering System:	Lease Name: _ SIEGMUND		
Saltwater Disposal Well - Permit No.:			
Spot Location:feet from N / S Line	<u>SW</u> Sec. <u>34</u> Twp. <u>32</u> R. <u>36W</u> [EX]W		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T032S - R036W: SEC 034 NW4, SE4, SW4, NE4		
Entire Project: Yes No			
Number of Injection Wells**	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
AND THE STANDARD FOR THE CONTROL OF THE CONTROL OF THE STANDARD AND THE STANDARD OF THE STANDARD AND THE STA	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. if Drill Pit, WO or Haul)			
- 100 Os Os Os Os	teet fromE /W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling ⊬Ң		
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	00/45/0044		
	Date: U8/15/2014  Tim Welch		
Title: Vice President-Land	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			
ood Havis Street, Suite 3100 Houston, 12 17002	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
	Date: 08/15/2014		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tuzwater		
Acknowledgment of Transfer: The above request for transfer of injection	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	above aljection well(5) 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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
F	Authorized Signature  DEC 1 1 2014 DEC 1 1 2014		
DISTRICT EPR	PHODUCTION 6 2 WEG I I /U 14		
man iv. rast Operator iver Operator	tor District I		

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#### Side Two

#### Must Be Filed For All Wells

* Lease Name: SIEGMUND		* Location: 34 32 36WSW			
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
13 INF	15189217850001	1500FSL	4030FEL	Н	ACTIVE
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		Transfer Control of Co			
		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.

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API#:15189217850001

#### 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)				
32864	Mallandin				
OPERATOR: License # 32864  Name: XTO ENERGY INC.	Well Location:				
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens				
Address 2:	Lease Name: SIEGMUND Well #:13 INF				
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description o				
Contact Person: BRENDA WALLER	the lease below: T032S - R036W: SEC 034 NW4, SE4, SW4, NE4				
Phone: ( 405 319-3259 Fax: ()					
Email Address: BRENDA_WALLER@XTOENERGY.COM					
Surface Owner Information:           Name:         See Attached           Address 1:	When filing a Form T-1 involving multiple surface owners, attach an additional 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, tar are preliminary non-binding estimates. The locations may be entered a 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 be	odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form I being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.				
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface o task, I acknowledge that I am being charged a \$30.00 handling.	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this g fee, payable to the KCC, which is enclosed with this form.				
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 CF	g 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 t	to the best of my knowledge and belief.				
Date: Signature of Operator or Agent: Welco	<i>h</i> Title: Vice President-Land				

KDOR #219844

### **Surface Owners**

API#: <u>15189</u> :	217850001	Lease Name: SIEGMUND		Well # <u>13 INF</u>
Owner Name:	MILLS, JAMES E	& STACIE F		
Address:	PO BOX 115			
		er v Ve	7: 670E4 044E	
City:	HUGOTON	State: KS	Zip: 67951-0115	
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:	