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:			
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.: 203689		
Gas Gathering System:	Lease Name: STONE		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	- Verreport Landause		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T026S - R033W: SEC 018 All		
Entire Project: Yes No			
Number of Injection Wells **	County: Finney		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	1 sources and sources.		
Side IWO must be completed.	Injection Zene(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA		
Type of Fit	The control of the co		
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		
Wice President Land	Tim, Welch		
Title: Vice President-Land	Signature:		
	NANOV FITTIMATED		
New Operator's License No. 33999 •	Contact Person: NANCY FITZWATER		
New Operator's Name & Address: LINN OPERATING, INC.	Phone:		
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
	Date: 08/15/2014		
	Signature:		
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			
Commission records only and does not control any outliers on many	war injection and a party and		
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 Signatore 7 114		
DISTRICT EPR _/2-/9-/4 F	PRODUCTION DEC 2 2 2014 UIC DIS		
	or District		

Side Two

Must Be Filed For All Wells

* Lease Name: STONE		* Location: 18 26 33WNE			
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)
B1	15055006970000 /	2970FSL	2310FEL	GAS	ACTIVE
New York Control of the Control of t			FEL/FWL		
		FSL/FNL	FEL/FWL		· ·
		FSL/FNL	FEL/FWL	de la Lancación de la constante de la constant	
		FSL/FNL	FEL/FWL		
-12-12-22-11V-9-11-11-11-11-11-11-11-11-11-11-11-11-1		FSL/FNL	FEL/FWL		
****		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	4	
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
L.C		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			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 #:15055006970000

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.		ec. 18 Twp.26 S. R. 33 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County:Finney			
Address 2:	Lease Name: STONE	Well #:B1		
City: OKLAHOMA CITY State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below: T026S - R033W: SEC 018 All			
Contact Person: BRENDA WALLER				
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 addition sheet listing all of the information to the left for each surface owner. Surface in the left for each surface owner.			
Address 1:	owner information can be found in t	he records of the register of deeds for the		
Address 2:	county, and in the real estate proper	ty tax records of the county treasurer.		
City:				
the KCC with a plat showing the predicted locations of lease roads, tan 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 CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I	Act (House Bill 2032), I have provide located: 1) a copy of the Form C-1, being filed is a Form C-1 or Form CI and email address.	ed the following to the surface Form CB-1, Form T-1, or Form B-1, the plat(s) required by this		
KCC will be required to send this information to the surface o task, I acknowledge that I am being charged a \$30.00 handlin	wner(s). To mitigate the additional c	ost 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 CF	g fee with this form. If the fee is not a -1 will be returned.	received with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belie	ef.		
Date: 8/15/2014 Signature of Operator or Agent: Tim Weld		Vice President-Land		
Date Signature of Operation of Agent				

KDOR #203689

Surface Owners

API#: <u>150550</u>	006970000	Lease Name: STONE		Well # <u>B1</u>
Owner Name:	STONE, ELSIE M			
Address:	10985 S SANDHILL	RD		
City:	GARDEN CITY	State: KS	Zip: 67846-8917	
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:	