#### 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 submit                                     | tted with this form.   |
|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer:  |
| Gas Lease: No. of Gas Wells**  | KS Dept of Revenue Lease No.: 222139                                       |
| Gas Gathering System:  | Lease Name: STONE  |
| Saltwater Disposal Well - Permit No.:                                      |  |
| Spot Location: feet from N / S Line  | Valuational Ministrator'   |
| feet from E / W Line   | Legal Description of Lease:  |
| Enhanced Recovery Project Permit No.:                                      | T026S - R033W: SEC 020 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.   | Injection Zone(s):   |
| Surface Pit Permit No.:  | feet from N / S Line of Section  |
| (API No. If Drill Pit, WO or Haul)   | feet from FE / W Line of Section   |
| Type of Pit: Emergency Burn Settling                                       | Haul-Off Workover Drilling VA  |
| 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: 08/15/2014   |
| 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                            | Oil / Gas Purchaser: ONEOK FIELD SERVICES                                  |
|  | 00/45/0044   |
|  |  |
| Title: _REGULATORY COMPLIANCE SUPERVISOR                                   | Signature: Nancy Fitzwater   |
| Acknowledgment of Transfer: The above request for transfer of injection    | authorization, surface pit permit # has been                               |
| 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       |
| Permit No.: Recommended action:  | permitted by No.:  |
|  |  |
| Date:  | Date:  |
| (0.40.4.4  | PRODUCTION DEC 2 2 2014 DEC 2 2 2014                                       |
| Mail to: Past OperatorNew Operator   | PRODUCTION   |
|  |  |

#### Side Two

#### Must Be Filed For All Wells

| * Lease Name: STONE   |   | * Location: 20 26 33WNW                                     |              |  |                                      |
|---|---|---|--------------|--|--------------------------------------|
| LEGGE MAINE   |   | Location:   |              |  |                                      |
| Well No. API No. (YR DRLD/PRE '67)  |   | Footage from Section Line (i.e. FSL = Feet from South Line) |              | Type of Well<br>(Oil/Gas/INJ/WSW)  | Well Status<br>(PROD/TA'D/Abandoned) |
| C12   | 15055215860001  | 660FNL  | 2550FWL      | GAS  | ACTIVE                               |
| ***************************************   | ***************************************   |   |              |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      | and the state of t |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  | -                                    |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
| NUMBER OF THE PROPERTY OF THE | ***************************************   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   |   |              |  |                                      |
|   |   |   |              |  |                                      |
|   |   |   |              |  |                                      |
|   |   |   | -            | **************************************   |                                      |
|   |   |   | <del> </del> |  |                                      |
|   | **  |   |              |  |                                      |
|   |   |   |              |  |                                      |
|   |   |   |              |  |                                      |
|   |   | FSL/FNL   | FEL/FWL      | A distribution de  |                                      |
| ***************************************   | avainte | FSL/FNL   | FEL/FWL      |  |                                      |
|   |   | 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.

API#:15055215860001

### 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 (Ca  | hodic Protection Borehole Intent  | T-1 (Transfer) CP-1 (Plugging Application)      |  |  |  |
|---|---|---|--|--|--|
| OPERATOR: License #32864  Name:XTO ENERGY INC.  Address 1:210 PARK AVENUE, SUITE 2350   | County: Finney  | . 20 Twp.26 S. R. 33 East West                  |  |  |  |
| Address 2:  | Lease Name: STONE   |   |  |  |  |
| Contact Person: BRENDA WALLER   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:  |   |  |  |  |
| Phone: (405 _319-3259   | T026S - R033W: SEC 020 All  |   |  |  |  |
| 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. |   |  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on a Select one of the following:            | atteries, pipelines, and ei   | ectrical lines. The locations shown on the plat |  |  |  |
| I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and | ited: 1) a copy of the Foing filed is a Form C-1 or   | rm C-1, Form CB-1, Form T-1, or Form            |  |  |  |
| I have not provided this information to the surface owner(s). I ack<br>KCC will be required to send this information to the surface own<br>task, I acknowledge that I am being charged a \$30.00 handling for   | er(s). To mitigate the add  | litional 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 CP-1   | e with this form. If the fe<br>vill be returned.  | e is not received with this form, the KSONA-1   |  |  |  |
| I hereby certify that the statements made herein are true and correct to the  | e best of my knowledge  | and belief.                                     |  |  |  |
| Date: Signature of Operator or Agent: Tim Welch   |   | Title: Vice President-Land                      |  |  |  |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KDOR #222139

## **Surface Owners**

| API#: 150552 | 15860001         | Lease Name: STONE |            | Well # <u>C12</u> |
|--------------|------------------|-------------------|------------|-------------------|
|              |                  |                   |            |                   |
| Owner Name:  | STONE ACRES INC  |                   |            |                   |
| Address:     | 12500 S STONE RD |                   |            |                   |
| 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:     |                  |                   |            |                   |
| City:        |                  | State:            | Zip:       |                   |
|              |                  |                   |            |                   |
| Owner Name:  |                  |                   |            |                   |
| Address:     |                  |                   |            |                   |
| City:        |                  | State:            | Zip:       |                   |