RECEIVED AUG 20 2014 KCC WICHITA

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 216269 KS Dept of Revenue Lease No.: ___ Gas Gathering System:_ Lease Name: _TATE Saltwater Disposal Well - Permit No.: __ NE NE SW SW Sec. 7 Two. 26 R. 35W EXW Spot Location: teet from N / S Line Legal Description of Lease: _____feet from E / W Line T26S-R35W: SEC 7 ALL Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Number of Injection Wells _ County: KEARNY Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):__ ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: ___ feet from N / S Line of Section (API No. it Drill Pit. WO or Haul) teet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling 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:_ 08/15/2014 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.: ___ Authorized Signature ____EPR 12-16-14 DISTRICT _ PRODUCTION ___ Mail to: Past Operator _ New Operator District

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Side Two

Must Be Filed For All Wells

KDOR Leas	e No.: 216269						
* Lease Name: TATE			* Location:	* Location: 7 26 35WSW			
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)		
71-7	15093209690000 /	1320FSL	4030FEL	GAS	PR		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
			FEL/FWL				
\B.		FSL/FNL					
	-	FSL/FNL					
***************************************		FSL/FNL					
		FSL/FNL					
			FEUFWL				
					Wilder		
			FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL					
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL .				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				

A separate sheet may be attached it 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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API#:15093209690000

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	Mall Location		
Name: XTO ENERGY INC.	Well Location: NE NE SW SW Sec. 7 Twp. 26 S. R. 35 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY		
Address 2:	Lease Name: TATE Well #:71-7		
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: BRENDA WALLER	the lease below:		
Phone: (405 319-3259 Fax: ()	T26S-R35W: SEC 7 ALL		
Email Address: BRENDA_WALLER@XTOENERGY.COM			
Surface Owner Information:			
Name: See Attached	When filling 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		
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: State: Zip:+			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C)	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 (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-Notic 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 plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. ce Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1. Form CB-1. Form T-1, or Form		
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KDOR #216269

Surface Owners

API#: 15093	209690000	Lease Name: IAIE		Well # <u>71-7</u>	
Owner Name:					
Address:	315 N LA GRANGE F				
City:	LA GRANGE PARK	State: IL	Zip: 60526		
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:					
Citv:		State:	7in·		