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:	nea with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 203950 Lease Name: TATE			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	,			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T26S-R36W: SEC 23 ALL			
Entire Project: Yes No				
Number of Injection Wells **	County: KEARNY			
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 \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ S \ Line of Section			
(API No. If Drill Pit, WO or Haul)	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling しん			
22064				
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			
Title: Vice President-Land	Signature: Tim Welch			
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	1 11010.			
, , , , , , , , , , , , , , , , , , , ,	Oil / Gas Purchaser:			
	Date: 08/15/2014			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titzwater			
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.:			
. Tiovarianoridod donori.	pormitted by 110.			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR /2-/6-14	PRODUCTION			
Mail to: Past Operator New Operato				

RECEIVED AUG 20 2014 KCC WICHITA

Side Two

Must Be Filed For All Wells

KDOR Leas		Ligarition, 23 26 36WNW				
Lease Name	E:TATE		Location: 23	2 70 204AIMAA		
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)	
8-23	15093005240000	3046FSL	2615FEL	GAS	PR	
			<u></u>			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
A. M		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		//2	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
,		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	410.11	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		ppa	
		FSL/FNL	FEL/FWL	14, 14, 14, 14, 14, 14, 14, 14, 14, 14,		
		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.

RECEIVED AUG 20 2014 KCC WICHITA

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 (CB-1)	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location: SE SE SE NW Sec. 23 Twp. 26 S. R. 36 East West		
Address 1: 210 PARK AVENUE, SUITE 2350	County:KEARNY		
Address 2:	Lease Name: TATE Well # 8-23		
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: T26S-R36W: SEC 23 ALL		
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:			
the KCC with a plat showing the predicted locations of lease roads, tandare preliminary non-binding estimates. The locations may be entered of Select one of the following: X	ocated: 1) 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		
Thave not provided this information to the surface owner(s). La KCC will be required to send this information to the surface of task, Lacknowledge that Lam being charged a \$30.00 handling	ncknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, 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 CP	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
I hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief.		
Date: Signature of Operator or Agent: <i>Tim Weld</i>	1 Vice President-Land		
organism of special straight			

KDOR #203950

API#:15093005240000

Surface Owners

API#: 15093005240000	Lease Name: TATE		Well # <u>8-23</u>	
Owner Name: LV FARMS				
Address: PO BOX C				
City: LAKIN	State: KS	Zip: 67860		
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:	.	71		
City:	State:	Zip:		