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 Effective Date of Transfer: Oil Lease: No. of Oil Wells \_ Gas Lease: No. of Gas Wells \_ KS Dept of Revenue Lease No.: . Lease Name: TATE ESTATE Gas Gathering System:\_\_\_ Saltwater Disposal Well - Permit No.: \_\_\_ 16 Twp. 25 R. 35W EXW SE Sec. \_ \_\_\_\_\_\_feet from N/ S Line Legal Description of Lease: feet from E / W Line T025S - R035W: SEC 016 All Enhanced Recovery Project Permit No.: \_ Entire Project: Yes No County: Kearny Number of Injection Wells \_\_\_ Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):\_ \*\* Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: \_ (API No. if Drill Pit, WO or Haul) teet from E / W Line of Section **K** A Drilling Workover Settling Haul-Off Burn Type of Pit: Emergency **BRENDA WALLER** Contact Person: \_ Past Operator's License No. 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: NANCY FITZWATER Contact Person: \_ New Operator's License No. \_\_33999 New Operator's Name & Address: LINN OPERATING, INC. 281-840-4000 Oil / Gas Purchaser: \_\_WGP-KHC\_LLC 600 Travis Street, Suite 5100 Houston, TX 77002 08/15/2014 Date: Title: REGULATORY COMPLIANCE SUPERVISOR 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: \_\_\_ \_\_\_\_\_. Recommended action: \_\_\_ Authorized Signature Authorized Signature EPR DISTRICT \_\_\_

New Operator,

Mail to: Past Operator \_\_\_

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#### Side Two

#### Must Be Filed For All Wells

Lease Name	TATE ESTATE	* Location: 16 25 35WSE			
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/Abandonec
B1	15093002790000 /	2640FSL	2640FEL	GAS	ACTIVE
	100	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-4-10-10-10-10-10-10-10-10-10-10-10-10-10-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
				Approximately the second secon	
		FSL/FNL			
				and the second s	
	1000				
No.	•				

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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#### 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	Well Location:			
OPERATOR: License # 32864 Name: XTO ENERGY INC.	SE Sec. 16 Twp.25 S. R. 35 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County: Kearny			
Address 2:	Lease Name:TATE ESTATE Well #:B1			
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: T025S - R035W: SEC 016 All			
Phone: ( 405 319-3259 Fax: ( )				
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 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.			
the VCC with a plot chawing the producted locations of Ipase roads	Cathodic 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 (C the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enter Select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Not support(s) of the land upon which the subject well is or will	Cathodic Protection Borehole Intent), you must supply the surface owners and it, tank batteries, pipelines, and electrical lines. The locations shown on the plat ared on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  The location of the Form C-1 plat, or a separate plat may be submitted.  The located blue submitted is a form C-1 provided the following to the surface of the located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
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KDOR #203879

API#:15093002790000

### **Surface Owners**

API#: 15093002790000		Lease Name: TATE ESTAT	Well # <u>B1</u>	
Owner Name: G	RAHAM FARMS IN	С		
Address: 2	150 RD 220			
City: [	DEERFIELD	State: KS	Zip: 67838	
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:	