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: MUST be submit	tted 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.: 207411
Gas Gathering System:	Lease Name:TATE UNREIN
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.:	T026S - R035W: SEC 005 All
Entire Project: Yes No	
Number of Injection Wells **	County: Kearny
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ S \
(API No. il Drill Pit, WO or Haul)	
T 120 Continu	feet fromE /W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling Ki
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	
Tavis once, once the measure, 17,1102	Oil / Gas Purchaser: WGP-KHC LLC
	Date: 08/15/2014
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Titzwater
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	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:
	Authorized Signature 2014
DISTRICT EPR 12 -16 -14 F Mail to: Past Operator New Operator	noboditor
I was operator	DISTRICT.

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Side Two

Must Be Filed For All Wells

* Lease Name	TATE UNREIN		* Location: 5 26 35WNW		
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
2	15093205020000 /	2575 FNL	1982 FWL 1926FWt	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		4
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
				e-HANR (FEET - 11)	
WARE THE REAL TO T				V-1842-14-14-14-14-14-14-14-14-14-14-14-14-14-	
					•
		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.

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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.

Address 1:	Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
Name: XTO ENERGY INC. NW Sec. 5 Twp.26 S. R. 35 Exact West Address 1: 210 PARK AVENUE, SUITE 2350 Address 2: Lease Name: TATE UNREIN Well # 2. Cortact Person: BRENDA WALLER Cortact Person: BRENDA WALLER TO263 - R035W: SEC 005 All Phone: (405 319-3259 Fax: ()) Email Address 3: BRENDA_WALLER@XTOENERGY.COM Surface Owner Information: Name: See Attached Address 1:	ODERATOR: License # 32864	Well Location:		
Address 1: 210 PARK AVENUE, SUITE 2350 Address 2: Lease Name: TATE UNREIN	YTO ENERGY INC			
Address 2: City: OKLAHOMA CITY State: OK Zip: 73102 +				
City: OKLAHOMA CITY State: OK Zip: 73102 + If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below. Tocal Person: RERINDA WALLER		Lease Name: TATE UNREIN Well #:2		
Contact Person: BRENDA WALLER Phone: (405 319-3259 Fax: () Email Address: BRENDA_WALLER@XTOENERGY.COM Surface Owner Information: Name: See Attached				
Phone: 405 \$19-3259 Fax: () BRENDA_WALLER@XTOENERGY.COM Surface Owner Information: Name: See Attached		the lease below:		
Surface Owner Information: Name: See Attached				
Name: See Attached Address 1:	Email Address: BRENDA_WALLER@XTOENERGY.COM			
the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address. I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	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.		
CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address. I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.	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	a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. act (House Bill 2032), I have provided the following to the surface pocated: 1) a copy of the Form C-1. Form CB-1, Form T-1, or Form		
KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.	CP-1 that I am filing in connection with this form; 2) if the form	peing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.	KCC will be required to send this information to the surface or	vner(s). To mitigate the additional 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-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
8/15/2014 Tim Welch Title Vice President-Land	I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Linear Supporture of Congressor of Reports o	Date: Signature of Operator or Agent: Tim Welch	Title: Vice President-Land		

API#:15093205020000

KDOR #207411

Surface Owners

API#: 150932	205020000	Lease Name: <u>TATE UNREIN</u>		Well # <u>2</u>	
Owner Name:	FLETCHER RANCH	INC			
Address:	РО ВОХ С				
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:					
City:		State:	Zip:		