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.

8/15/2014

Check Applicable Boxes:	8/15/2014		
Oil Lease: No. of Oil Wells	Effective Date of Transfer:		
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 220784		
Gas Gathering System:	Lease Name:TATEFINUCANE		
Saltwater Disposal Well - Permit No.:	NE_Sec25Twp25R35W EXW		
Spot Location: feet from N / S Line	Legal Description of Lease:		
feet from L E / W Line	T025S - R035W: SEC 025 All		
Enhanced Recovery Project Permit No.:	1		
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 N / 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 LA		
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	09/45/2044		
	Tim Welch		
Title: Vice President-Land	Signature:		
New Operator's License No. 33999 1	Contact Person: NANCY FITZWATER		
	Phone: 281-840-4000		
New Operator's Name & Address: LINN OPERATING, INC.	(1)04)6.		
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: WGP-KHC LLC		
	Date: 08/15/2014		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Tigoater		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been		
	n Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
Commission records only and does not contar, any other say,	above injustion works, or program		
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 pi		
Permit No.: Recommended action:	permitted by No.:		
Permit No.:	politico di la constanti di la		
Doto	Date:		
Date:	Authorized Signature		
DISTRICT EPR/2-/6-14	PRODUCTION DEC 1 7 2014 LEC 1 7 /U 14		
Mail to: Past Operator New Opera	ator District		

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#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 220784					
*Lease Name:	TATEFINUCANE		• Location: 25 25 35WNE			
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)	
3 INF	15093214330000 /	1250FNL	2630FEL	HI	ACTIVE	
			****		<u> </u>	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		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.

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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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	athodic Protection Borehole Intent)			
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:			
Address 1: 210 PARK AVENUE, SUITE 2350	County:Kearny			
Address 2:	Lease Name: TATEFINUCANE Well #:3 INF			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: ( 405 319-3259 Fax: ( )	T025S - R035W: SEC 025 All			
Email Address: BRENDA_WALLER@XTOENERGY.COM				
Surface Owner Information:         Name:       See Attached         Address 1:	When filling 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 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
X I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be low 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	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling.	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.			
Date: Signature of Operator or Agent: Tim Welch	Title:			

KDOR #220784

API#:15093214330000

### **Surface Owners**

API#: 150932	214330000	Lease Name: _	TATEFINUCANE		Well#3INF				
Owner Name: WHEATLAND ELECTRIC COOPERATIVE INC									
Address:	PO BOX 1078								
City:	GARDEN CITY	State	e: KS	Zip: 67846					
Owner Name:									
Address:									
City:		State	e:	Zip:	*				
Owner Name:									
Address:									
City:		State	e:	Zip:					
Owner Name:									
Address:									
City:		State	<b>:</b> :	Zip:					
Common Names									
Owner Name: Address:									
City:		State		Zip:					
City.		State	•	zιμ.					
Owner Name:									
Address:									
City:	•	State	e:	Zip:					