### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: X Gas Lease: No. of Gas Wells \_ 203887 L KS Dept of Revenue Lease No.: \_ Gas Gathering System:\_ Lease Name: TATEWHITE Saltwater Disposal Well - Permit No.: \_\_\_\_ SE Sec. 27 Twp. 25 R. 35W EXW Spot Location: \_\_\_\_\_\_ feet from N / S Line Legal Description of Lease: \_\_ feet from F / W Line T025S - R035W: SEC 027 AII 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. if Drill Pit, WO or Haul) teet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover エイ 32864 / **BRENDA WALLER** Past Operator's License No. 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 Phone: 600 Travis Street, Suite 5100 Houston, TX 77002 Oil / Gas Purchaser: WGP-KHC LLC 08/15/2014 Nancy Fitzwater 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 Permit No.: \_\_ \_\_\_\_\_. Recommended action: \_ permitted by No.: \_ Date: \_ Authorized Signature Authorized Signature PRODUCTION DEC 1 6 2014 DISTRICT \_\_ Mail to: Past Operator\_

New Operator

District \_

#### Side Two

### Must Be Filed For All Wells

*Lease Name:	TATEWHITE	* Location: 27 25 35WSE				
Well No.	API No. (YR DRLD/PRE 167)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned	
1	15093002890000	2310FSL	2310FEL	GAS	ACTIVE	
			AMANA, al di chi al a			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		****	
	All Market Marke	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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	******	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		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.

## 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) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:         SE         Sec. 27         Twp. 25         S. R. 35         East         West		
Address 1: 210 PARK AVENUE, SUITE 2350	County: Kearny		
Address 2:	Lease Name: TATEWHITE Well #:1		
City: OKLAHOMA CITY State: OK Zip: 73102 +	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T025S - R035W: SEC 027 All		
Contact Person: BRENDA WALLER			
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 sheet listing all of the information to the left for each surface owner. Surface		
Address 1:	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: State: Zip:+			
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:  X	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.  It (House Bill 2032), I have provided the following to the surface 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 to	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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee 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: 8/15/2014 Signature of Operator or Agent: \$\int \text{Uim Welch}\$	Title: Vice President-Land		
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KDOR #203887

API#:15093002890000

### **Surface Owners**

API#: <u>15093002890000</u>		Lease Name: TATEWHITE		Well # <u>1</u>	
Owner Name:	KOSTER, DUANE &	KATHY TRUST			
Address:	PO BOX 855				
City:	GARDEN CITY	State: KS	Zip: 67846		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		
Owner Name:					
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City:		State:	Zip:		
Owner Name:					
Address:					
City:		State:	Zip:		