

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:

- Oil Lease: No. of Oil Wells \_\_\_\_\_ \*\*
- Gas Lease: No. of Gas Wells 1 \*\*
- Gas Gathering System: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: \_\_\_\_\_
- Spot Location: \_\_\_\_\_ feet from  N /  S Line  
\_\_\_\_\_ feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project:  Yes  No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE  
**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 8/15/2014  
 KS Dept of Revenue Lease No.: 208494 ✓  
 Lease Name: THORPE  
 \_\_\_\_\_ S2 Sec. 22 Twp. 26 R. 37W  E  W  
 Legal Description of Lease:  
T026S - R037W: SEC 022 All  
 County: Kearny  
 Production Zone(s): COUNCIL GROVE  
 Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)  
 \_\_\_\_\_ feet from  N /  S Line of Section  
 \_\_\_\_\_ feet from  E /  W Line of Section  
 Type of Pit:  Emergency  Burn  Settling  Haul-Off  Workover  Drilling KA

Past Operator's License No. 32864 ✓  
 Past Operator's Name & Address: XTO ENERGY INC.  
210 PARK AVENUE, SUITE 2350, OKLAHOMA CITY, OK 73102  
 Title: Vice President-Land

Contact Person: BRENDA WALLER  
 Phone: 405-319-3259  
 Date: 08/15/2014  
 Signature: Tim Welch

New Operator's License No. 33999 ✓  
 New Operator's Name & Address: LINN OPERATING, INC.  
600 Travis Street, Suite 5100 Houston, TX 77002  
 Title: REGULATORY COMPLIANCE SUPERVISOR

Contact Person: NANCY FITZWATER  
 Phone: 281-840-4000  
 Oil / Gas Purchaser: ONEOK FIELD SERVICES  
 Date: 08/15/2014  
 Signature: Nancy Fitzwater

**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  
 the new operator and may continue to inject fluids as authorized by  
 Permit No.: \_\_\_\_\_ Recommended action: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_ is acknowledged as  
 the new operator of the above named lease containing the surface pit  
 permitted by No.: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Authorized Signature

DISTRICT \_\_\_\_\_ EPR 12-15-14 PRODUCTION DEC 16 2014 DEC 16 2014  
 Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_



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CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1  
July 2010  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

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 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 32864  
Name: XTO ENERGY INC.  
Address 1: 210 PARK AVENUE, SUITE 2350  
Address 2: \_\_\_\_\_  
City: OKLAHOMA CITY State: OK Zip: 73102 + \_\_\_\_\_  
Contact Person: BRENDA WALLER  
Phone: ( 405 ) 319-3259 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: BRENDA\_WALLER@XTOENERGY.COM

Well Location: \_\_\_\_\_  
\_\_\_\_\_ S2 Sec. 22 Twp. 26 S. R. 37  East  West  
County: Kearny  
Lease Name: THORPE Well #: 2-3

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  
**T026S - R037W: SEC 022 All**

Surface Owner Information:

Name: See Attached  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and 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-1 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.

Date: 8/15/2014 Signature of Operator or Agent: Tim Welch Title: Vice President-Land

API # :15093200840000

KDOR #208494

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Surface Owners

API#: 15093200840000 Lease Name: THORPE Well # 2--3

Owner Name: BROADHURST FOUNDATION

Address: 1630 SOUTH BOSTON AVE

City: TULSA

State: OK

Zip: 74119

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: