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 submitted					
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014				
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 227051				
Gas Gathering System:	Lease Name: WM MAST				
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.:	T031S - R036W: SEC 024 All				
Entire Project: Yes No					
Number of Injection Wells **	County: Stevens				
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE				
** Side Two Must Be Completed.	Injection Zone(s):				
1. 加爾斯·克斯·克斯·克斯·克斯·克斯·克斯·克斯·克斯·克斯·克斯·克斯·克斯·克斯	injectori Zone(5).				
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 KX				
	PRENIDA WALLED				
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:				
THE.	Olyndro.				
New Operator's License No	Contact Person: NANCY FITZWATER				
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4000				
600 Travis Street, Suite 5100 Houston, TX 77002	Oil / Gas Purchaser: WGP-KHC LLC				
	00/45/0044				
	WW.				
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 records only and does not convey any ownership interest in the a					
Commission (Control only and	was a second sec				
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	Authorized Signature				
DISTRICT EPR /2-/014 F	PRODUCTION DEC 1 1 2014 DEC 1 1 2014				
Mail to: Past Operator New Operato	or District				

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#### Side Two

#### Must Be Filed For All Wells

Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
B5	15189224930000/	1320FSL	4.3		Well Status (PROD/TA'D/Abandoned)
		-	1400FEL	GAS	ACTIVE
<u></u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL		
	***************************************	FSL/FNL	FEL/FWL		
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	A A A A A A A A A A A A A A A A A A A				
	444.44				
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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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API#:15189224930000

### 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 #	Well Location:		
Name: XTO ENERGY INC.			
Address 1: 210 PARK AVENUE, SUITE 2350			
Address 2:	WM MAST		
City: OKLAHOMA CITY State: OK Zip: 73102 +			
Contact Person: BRENDA WALLER	the lease below: T031S - R036W: SEC 024 All		
Phone: ( 405 319-3259 Fax: ( )			
Email Address: BRENDA_WALLER@XTOENERGY.COM	_		
Surface Owner Information:			
Name: See Attached			
Address 1:	<ul> <li>sheet listing all of the information to the left for each surface owner. Surface</li> <li>owner information can be found in the records of the register of deeds for the</li> </ul>		
Address 2:	· · · · · · · · · · · · · · · · · · ·		
City: State: Zip:+			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C-	athodic 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 (Counter KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, form.	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  ce Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this eax, and email address.		
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KDOR #227051

### **Surface Owners**

API#: 151892	224930000	Lease Name: WM MAST	****	Well # <u>B5</u>
Owner Name:	MAY, JAMES D			
Address:	22345 MAYS ROAD			
City:	MOSCOW	State: KS	Zip: 67952-5255	
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:	