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## 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: MUS1 be submit	tted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014  KS Dept of Revenue Lease No.: 208498			
X Gas Lease: No. of Gas Wells				
Gas Gathering System:	Lease Name:WAECHTER			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	. Laccount Mandarout			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T026S - R038W: SEC 025 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 N / S Line of Section			
(API No. if Drill Pit, WO or Haul)				
Total Discourance Dura Sottling				
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA			
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			
Vice President Land	Tim Welch			
Title: Vice President-Land	Signature:			
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: ONEOK FIELD SERVICES			
	00/45/0044			
- Auto-	Dato.			
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature:			
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	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 7 2014			
DISTRICT EPR	PRODUCTION DEC 1 7 2014 UIC LI 2014			
Mail to: Past Operator New Operat	tor District			

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#### Side Two

#### Must Be Filed For All Wells

* Lease Name: WAECHTER		* Location: 25 26 38WSW			
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
B2	15093200740000 /	1250FSL	FNL 1250FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	A	FSL/FNL	FEL/FWL		A TOTAL CONTRACTOR OF THE PARTY
		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		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
•••		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	NAME OF THE PROPERTY OF THE PR	
		FSL/FNL	FEL/FWL		
			FEUFWL		
		FSL/FNL	FEL/FWL		
		FO1 /F14			
			FEL/FWL		
		50/ IEV			

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 #:15093200740000

### 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	(Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #	Well Location:SW Sec. 25 Twp.26 S. R. 38 East West			
Address 1: 210 PARK AVENUE, SUITE 2350	County: Kearny			
Address 2:	Lease Name: WAECHTER Well #:B2			
City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: BRENDA WALLER	It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: ( 405 319-3259 Fax: ( )	T026S - R038W: SEC 025 All			
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:+				
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered a Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). It	acknowledge that, because I have not provided this information, the acknowledge that, because I have not provided this information, the world of the Form C-1 or Form CB-1, the plat (s) required by this and email address.			
task, I acknowledge that I am being charged a \$30.00 handling				
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP				
I hereby certify that the statements made herein are true and correct to				
Date: Signature of Operator or Agent: Tim OVelo	h Title: Vice President-Land			

KDOR #208498

### **Surface Owners**

API#: 150932	200740000	Lease Name: WAECHTER		Well # <u>B2</u>	
Owner Name:	HOLMES, ALVIN &	IANET			
Address:	PO BOX 276				
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:		