### 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:   | I  |
|---|--|
| Oil Lease: No. of Oil Wells**   | Effective Date of Transfer: 8/15/2014  |
| Gas Lease: No. of Gas Wells   | KS Dept of Revenue Lease No.: 208500   |
| Gas Gathering System:   | Lease Name: WAECHTER D FARM  |
| Saltwater Disposal Well - Permit No.:   |  |
| Spot Location: teet from N / S Line   | Legal Description of Lease:  |
| feet from L E / L W Line  | T026S - R037W: SEC 029 All   |
| Enhanced Recovery Project Permit No.:   | 10203 - 7031 W. SEC 023 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.:  (API No. if Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling | feet from N / S Line of Section  teet from E / W Line of Section  Haul-Off Workover Drilling |
| Past Operator's License No. 32864 /   | BDENDA WALLED  |
|   | Contact F6:SOIL  |
| 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: Tim Welch   |
| 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  |
|   | Date: 08/15/2014   |
| Title: REGULATORY COMPLIANCE SUPERVISOR   | Signature: Nancy Fitzwater   |
| 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. This acknowledgment of transfer pertains to Kansas Corporation                   |
| Commission records only and does not convey any ownership interest in the al                      |  |
| 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   |
|   | RODUCTION UP LO 11 ZU14  |
| Mail to: Past Operator New Operator   | r District   |

#### Side Two

#### Must Be Filed For All Wells

| KDOR Leas                          | e No.: 208500    |   |         |                                   |                                      |  |  |
|------------------------------------|------------------|---|---------|-----------------------------------|--------------------------------------|--|--|
| * Lease Name                       | WAECHTER D FARM  | HTER D FARM Location: 29 26 37WSW                           |         |                                   |                                      |  |  |
| Well No. API No. (YR DRLD/PRE '67) |                  | Footage from Section Line (i.e. FSL = Feet from South Line) |         | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |  |  |
| D2                                 | 15093200850000 / | 1250FSL   | 1250FEL | GAS                               | ACTIVE                               |  |  |
|                                    |                  |   |         |                                   |                                      |  |  |
| -                                  |                  | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
|                                    |                  | FSL/FNL   | FEL/FWL |                                   | ····                                 |  |  |
|                                    |                  | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
|                                    |                  | FSL/FNL   | FEUFWL  |                                   |                                      |  |  |
|                                    |                  | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
|                                    |                  | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
|                                    | ****             | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
|                                    |                  | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
|                                    | -                | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
|                                    |                  | FSL/FNL   | FEL/FWL |                                   |                                      |  |  |
| al La                              |                  | 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   | FEUFWL  |                                   |                                      |  |  |
|                                    |                  |   |         |                                   |                                      |  |  |
|                                    |                  | FSL/FNL   |         |                                   |                                      |  |  |
|                                    |                  |   |         |                                   |                                      |  |  |
|                                    |                  |   |         |                                   |                                      |  |  |
|                                    |                  |   |         |                                   |                                      |  |  |

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.

API#:15093200850000

### 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.  Address 1: 210 PARK AVENUE, SUITE 2350  | Well Location: SW Sec. 29 Twp.26 S. R. 37 East West County: Kearny  |  |  |
| Address 2:  City: OKLAHOMA CITY State: OK Zip: 73102 +  Contact Person: BRENDA WALLER  Phone: ( 405 319-3259 Fax: ( )  Email Address: BRENDA_WALLER@XTOENERGY.COM   | Lease Name: WAECHTER D FARM Well #:D2  It filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below: T026S - R037W: SEC 029 All  |  |  |
| Surface Owner Information:           Name:         See Attached           Address 1:  | 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 (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   Certify that, pursuant to the Kansas Surface Owner Notice Accowner(s) of the land upon which the subject well is or will be location of the land upon which this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, an | 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 ceing filed is a Form C-1 or Form CB-1, the plat(s) required by this |  |  |
|   | knowledge that, because I have not provided this information, the per(s). To mitigate the additional cost of the KCC performing this ee, 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 t  | he best of my knowledge and belief.   |  |  |
| Date: Signature of Operator or Agent: Tim Welch   | Title: Vice President-Land  |  |  |

KDOR #208500

### **Surface Owners**

| API#: 150934   | 200850000  | Lease Name | E: WAECHI | ER DFA | KIM       | Well # <u>D2</u> |  |  |  |  |  |
|--|------------|------------|-----------|--------|-----------|------------------|--|--|--|--|--|
|  |            |            |           |        |           |                  |  |  |  |  |  |
| Owner Name: WAECHTER, WALTER E & FERN G LIVING TRUST |            |            |           |        |           |                  |  |  |  |  |  |
| Address:   | 252 ROAD H |            |           |        |           |                  |  |  |  |  |  |
| City:  | ULYSSES    | St         | tate: KS  | z      | ip: 67880 |                  |  |  |  |  |  |
|  |            |            |           |        |           |                  |  |  |  |  |  |
| Owner Name:  |            |            |           |        |           |                  |  |  |  |  |  |
| Address:   |            |            |           |        |           |                  |  |  |  |  |  |
| City:  |            | St         | ate:      | Z      | ip:       |                  |  |  |  |  |  |
|  |            |            |           |        |           |                  |  |  |  |  |  |
| Owner Name:  |            |            |           |        |           |                  |  |  |  |  |  |
| Address:   |            |            |           |        |           |                  |  |  |  |  |  |
| City:  |            | St         | ate:      | Z      | ip:       |                  |  |  |  |  |  |
|  |            |            |           |        |           |                  |  |  |  |  |  |
| Owner Name:  |            |            |           |        |           |                  |  |  |  |  |  |
| Address:   |            |            |           |        |           |                  |  |  |  |  |  |
| City:  |            | St         | ate:      | Z      | ip:       |                  |  |  |  |  |  |
|  |            |            |           |        |           |                  |  |  |  |  |  |
| Owner Name:  |            |            |           |        |           |                  |  |  |  |  |  |
| Address:   |            |            |           |        |           |                  |  |  |  |  |  |
| City:  |            | St         | ate:      | Zi     | ip:       |                  |  |  |  |  |  |
|  |            |            |           |        |           |                  |  |  |  |  |  |
| Owner Name:  |            |            |           |        |           |                  |  |  |  |  |  |
| Address:   |            |            |           |        |           |                  |  |  |  |  |  |
| City:  |            | St         | ate:      | Zi     | ip:       |                  |  |  |  |  |  |