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.

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.: 204340		
Gas Gathering System:	'		
Saltwater Disposal Well - Permit No.:	Lease Name: WHITE		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T032S - R035W: SEC 019 E2 SW4, SE4, NE4, E2 NW4 (NWNW) (SWNW) (NWSW) (SWSW)		
Entire Project: Yes No	(SWAW) (AWSW) (SWSW)		
Number of Injection Wells***	County: Stevens		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Sectionfeet from E / W Line of Section		
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		
Title: Vice President-Land	Signature:		
New Operator's License No. 33999	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		
	0014710044		
	Date,		
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 (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		
	PRODUCTION		

Side Two

Must Be Filed For All Wells

Lease Name:	WHITE	WHITE * Location: 19 32 35WNW				
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	
C1	15189000950000	2980 FSL 2970FSL	2950 FEL 2970 FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL	aminana sa		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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ANNE DE LE CONTROL DE LE C		FSL/FNL	FEL/FWL	WARREN		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
***		FSL/FNL	FEL/FWL		***************************************	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
ANNA		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	·	- ALLEMAN WATER TO THE TOTAL TOTAL TO THE TH	
		FSL/FNL	FEL/FWL			
		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	·					

A separate sheet may be attached if necessary

^{*} 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#:15189000950000

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.

32864	MANA
OPERATOR: License # 32864 Name: XTO ENERGY INC.	Well Location:
Name: ATO ENERGY INC. Address 1: 210 PARK AVENUE, SUITE 2350	
Address 2:	Lease Name: WHITE Well #:C1
City: OKLAHOMA CITY State: OK Zip: 73102 +	
Contact Person: BRENDA WALLER	the lease below:
Phone: (405 319-3259 Fax: ()	T032S - R035W: SEC 019 E2 SW4, SE4, NE4, E2 NW4
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
Address 1:	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
Authoritie O.	
Address 2:	
City: + + + + + + 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
State: State: Zip:+ If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road)	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be enterested one of the following: X I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner (KCC will be required to send this information to the surface.	Cathodic Protection Borehole Intent), you must supply the surface owners and is, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Dice Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. (s). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be enterested one of the following: X Certify that, pursuant to the Kansas Surface Owner Note owner(s) of the land upon which the subject well is or with CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner(KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 has	Cathodic Protection Borehole Intent), you must supply the surface owners and is, tank batteries, pipelines, and electrical lines. The locations shown on the platered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Dice Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address. (is). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this undling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned.

Surface Owners

API#: 151890	00950000	Lease Name: WHITE	· · · · · · · · · · · · · · · · · · ·	Well # <u>C1</u>
Owner Name:	WHITE, WETR			
Address:	2237 ROAD V			
City:	MOSCOW	State: KS	Zip: 67952-5237	
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:	