### 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 submit	led with this form.		
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.: 204301 /		
Gas Gathering System:	Lease Name: WINTER		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	National Section 2		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T035S - R036W: SEC 006 E2 NW4, E2 SW4, SE4, NE4 (NWNW) (SWNW) (NWSW) (SWSW)		
Entire Project: Yes No	(comm) (most), (const.)		
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.:	feet from \[ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
(API No. if Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling		
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: Tim Welch		
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		
	Date: 08/15/2014		
Title: REGULATORY COMPLIANCE SUPERVISOR	Signature: Nancy Triguator		
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 a	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		
	PRODUCTION DEC 1 1 2014 UICDEC 1 1 2014		
Mail to: Past Operator New Operator	NODOCTION LIEU TENTA		
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#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	WINTER	Location: 6 35 36WNW			
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
1	15189007090000	3960FSL	3960FEL	GAS	ACTIVE
			<u></u>		
		FSL/FNL	FEL/FWL		
MARKETTANANA.		FSL/FNL	FEUFWL		
		FSL/FNL			
	www.	FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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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.

### 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 # 32864	Well Location;
Name: XTO ENERGY INC.	
Address 1: 210 PARK AVENUE, SUITE 2350	County:Stevens
Address 2:	Lease Name: WINTER Well #:1
City: OKLAHOMA CITY State: OK Zip; 73102 +	
Contact Person: BRENDA WALLER	the lease below:
Phone: ( 405 319-3259 Fax: ( )	T035S - R036W: SEC 006 E2 NW4, E2 SW4, SE4, NE4 (NWNW) (SWNW) (NWSW) (SWSW)
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
Address 2:	<ul> <li>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.</li> </ul>
City:	
,	
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:  X   Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	chodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat id on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  E. Act (House Bill 2032), I have provided the following to the surface ellocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form
form; and 3) my operator name, address, phone number, fax	m being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, 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 C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-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 Wa	fch
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API # :15189007090000

KDOR #204301

### **Surface Owners**

API#: <u>15189</u> 0	007090000	Lease Name: WINTER		Well # <u>1</u>	_
Owner Name:	NEWLIN, EDWARD L	LIV TR			
Address:	37706 E HUDSON RE	)			
City:	OAK GROVE	State: MO	Zip: 64075-9064		
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:		