081514_Kleysteuber_Linn.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form T-1 July 2014 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.	1
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 8/15/2014
Gas Lease: No. of Gas Wells 1	KS Dept of Revenue Lease No.: 202207 202/99 /
Gas Gathering System:	Lease Name: Kleysteuber
Saltwater Disposal Well - Permit No.:	C NW Sec. 30 Twp. 26 R. 31 F/W
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: T 26S-R31W; Sec. 29All
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Finney
Number of Injection Wells **	Production Zone(s): Chase
Field Name:	
** 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)	feet from \(\subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling
Past Operator's License No. 33999 /	Contact Person: Nancy Fitzwater
Past Operator's Name & Address:Linn Operating, Inc.	Phone: 281-840-4000
600 Travis Street, Suite 5100 Houston, TX 77002	Date: 8/15/14
Title: Regulatory Compliance Supervisor	
Title:	Signature:
20064	Received KANSAS CORPORATION COMMISSION
New Operator's License No. 32864 /	Contact Person: Brenda Waller APR 2 1 2015
New Operator's Name & Address: XTO Energy Inc.	Phone: 100 010 0200
210 Park Avenue, Suite 2350 Oklahoma City, OK 73102	Oil / Gas Purchaser: CONSERVATION DIVISION WICHITA, KS
	Date: 8/15/2014
Title: Vice President - Land	Olim OM Lab.
Title:	Signature:
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	bove 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
DISTRICT EPR	PRODUCTION APR 3 0 2015 District
Mail to: Past Operator New Operator	r District

Side Two

Must Be Filed For All Wells

Lease Name:	Kleysteuber		Location: C	NW T 26S-R31W; Se	c. 29All
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)
1-30	15-055-00643	Circle 1320' F S L FSL/N	Circle 1320' FEE FEL/F	gas	Prod
		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		
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		- Received SAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL .	KAN	
		FSL/FNL	FEL/FWL .		APR 2 1 2015 CONSERVATION DIVISION
		FSL/FNL	FEL/FWL		WICHTA, IN
		FSL/FNL			
			FEL/FWL		
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	-				
			FEL/FWL	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
·•		FSL/FNL	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.

Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1 July 2014 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 # 33999	Well Location:
Name: Linn Operating, Inc.	
Address 1: 600 Travis Street, Suite 5100	County: Finney
Address 2:	County: Finney Lease Name: Kleysteuber Well #: 1-30
City: Houston State: TX Zip: 77002 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Nancy Fitzwater	the lease below:
Phone: (<u>281</u>) <u>319-4259</u> Fax: ()	
Email Address: Nfitzwater@linnenergy.com Received Received KANSAS CORPORATION COMMISSION Surface Owner Information:	
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.
are preliminary pop-hinding estimates. The locations may be entered a	batteries, pipelines, and electrical lines. The locations shown on the plat
	n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be lo	ct (House Bill 2032), I have provided the following to the surface scated: 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
Select one of the following: ☐ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be loced. CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, and ☐ I have not provided this information to the surface owner(s). I ackset the following the following that the following the following the following the following that the following the followi	ct (House Bill 2032), I have provided the following to the surface 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 and email address. Cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be lot CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the kt choosing the second option, submit payment of the \$30.00 handling	ct (House Bill 2032), I have provided the following to the surface poated: 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 and email address. Cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1
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Surface Owners

API#:15-0		055-0 <u>0643</u>	_ Lease Nam	e: KLEYSTE	Well # 1-30	
	dress:	KLEYSTEUBER & 13060 S COUNTY GARDEN CITY	ROAD 20	tate: KS	Zip: 67846	
Owner	Name:					
Ad	dress:					
	City:		S	tate:	Zip:	
Owner	Name:					
Add	dress:					
	City:		S	tate:	Zip:	Received KANSAS CORPORATION COMMISSION
Owner	Name:					APR 21 ZUID
	dress:					CONSERVATION DIVISION WICHITA, KS
	City:		St	tate:	Zip:	
Owner I	Name:					
Ado	dress:					
	City:		St	ate:	Zip:	
Owner i	Name:					
Add	dress:					
	City:		St	ate:	Zip:	