

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

*\* SUBMITTED TO REPLACE  
COPIES REC'D 11/18/11 + RET'D.  
W/LTR. DTD. 11/23/11*

Form CP-1  
March 2010  
This Form must be Typed  
Form must be Signed  
All blanks must be Filled

**WELL PLUGGING APPLICATION**

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,  
MUST be submitted with this form.

OPERATOR: License #: 33999  
Name: LINN Operating, Inc.  
Address 1: 600 Travis Ste 5100  
Address 2: \_\_\_\_\_  
City: Houston State: tx Zip: 77002 + \_\_\_\_\_  
Contact Person: Rena Carter  
Phone: (405) 241-2223

API No. 15 - 095-10026-0000  
If pre 1967, supply original completion date: 12/31/59  
Spot Description: \_\_\_\_\_  
\_\_\_\_\_SW NW Sec. 34 Twp. 30 S. R. 8  East  West  
3,300 Feet from  North  South Line of Section  
~~3,300~~ 660 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Kingman  
Lease Name: Boyle K Well #: 2

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_

Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 8 5/8 Set at: 290 Cemented with: 300 Sacks  
Production Casing Size: 4 1/2 Set at: 4484 Cemented with: 250 Sacks

List (ALL) Perforations and Bridge Plug Sets:  
4420-4425

Elevation: 1649 ( G.L. /  K.B.) T.D.: 4485 PBDT: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
(Stone Corral Formation)

Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: unknown  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

**As per KCC requirements**

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

**Could not find in KCC records.**

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Randy Dick

Address: 15438 SW 25th Ave City: Spivey State: KS Zip: 67142 + \_\_\_\_\_

Phone: (620) 425-1000

Plugging Contractor License #: 31925 Name: Quality Well Service Corp.

Address 1: 190th US 56 Hwy Address 2: \_\_\_\_\_

City: Ellinwood State: KS Zip: 67526 + \_\_\_\_\_

Phone: (620) 727-3409

Proposed Date of Plugging (if known): ~~\_\_\_\_\_~~ P+ A 11/22/11

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 02/21/12 Authorized Operator / Agent: Rena Carter  
(Signature)

RECEIVED  
FEB 23 2012  
2.23.12  
KCC WICHITA

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

*Dist-2  
NO LTR. - ALL PLUGGED*

*FW*

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)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 33999  
Name: LINN Operating, Inc.  
Address 1: 600 Travis Ste 5100  
Address 2: \_\_\_\_\_  
City: Houston State: tx Zip: 77002 + \_\_\_\_\_  
Contact Person: Rena Carter  
Phone: (405) 241-2223 Fax: (405) 241-2397  
Email Address: mcarter@linnenergy.com

Well Location:  
\_\_\_\_\_ SW NW Sec. 34 Twp. 30 S. R. 8  East  West  
County: Kingman  
Lease Name: Boyle K Well #: 2

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: Rex Boyle Trust  
Address 1: 2040 Sutter St #304  
Address 2: \_\_\_\_\_  
City: San Francisco State: CA Zip: 94115 + \_\_\_\_\_

*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 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on 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 Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-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: 02/21/12 Signature of Operator or Agent: Rena Carter Title: Regulatory Specialist

RECEIVED

FEB 23 2012

KCC WICHITA

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



*MECC*

Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

November 23, 2011

**LINN Operating, Inc.**  
600 Travis, Ste. 5100  
Houston, TX 77002

**RE: Incomplete CP-1 forms also missing KSONA-1 forms**

<b>LEASE NAMES:</b>	<b>POMEROY UNIT 1</b>	<b>5-30S-8W</b>
	<b>15-095-00432-0000</b>	
	<b>WEST SPIVEY UNIT 36</b>	<b>23-30S-8W</b>
	<b>15-095-00624-0000</b>	
	<b>BLACKWELL 2</b>	<b>33-30S-8W</b>
	<b>15-095-19024-0001</b>	
	<b>BOYKE K 2</b>	<b>34-30S-8W</b>
	<b>15-095-10026-0000</b>	
<b>COUNTY:</b>	<b>KINGMAN</b>	

Dear Operator:

The enclosed **Well Plugging Application (CP-1) forms**, received November 18, 2011, are incomplete. The CP-1s that were received for the above-referenced wells are *copies* of CP-1s (most were originally received in June 2010). Although these CP-1s were re-dated 11/4/2011, they *lack an original signature*. Plugging approval for these wells, based upon CP-1s that were subsequently received 5/19/11, expired on 11/16/11. Additionally, these forms are not in compliance with the **Kansas Surface Owner Notification Act (KSONA)**. These forms cannot be processed without the following corrections:

The copies of the CP-1s that are being returned may be used as long as they are *signed and then re-dated with the current date they were signed*. Please sign these forms in **blue ink**. Return the newly signed forms to our office. We cannot approve a *photocopy* of the newly signed forms.

In order to comply with the Kansas Surface Owner Notification Act (KSONA), effective July 1, 2010, a KSONA-1 form must be completed *for each of these wells* and mailed with a copy of the CP-1 to the Surface Owner. You must provide our office with an *original* KSONA-1 form for *each* of these wells.

November 23, 2011  
LINN Operating, Inc.  
Page 2 of 2

Please make all of the above-referenced corrections and **then return both ORIGINAL forms, along with a copy of this letter, to my attention no later than December 12, 2011.** If you have any questions about the corrections that are needed for plugging approval, please contact me directly at (316) 337-6108.

Sincerely,



Marjorie (Maggie) Marcotte  
Production department

Encls.

NOT AN ORIG. SIGNATURE  
- COPY OF COPY  
- NO KSONA-1 RECORD

Further west

Form CP-1  
March 2010  
This Form must be Typed  
Form must be Signed  
All blanks must be Filled

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL PLUGGING APPLICATION

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MUST be submitted with this form.

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Address 2: \_\_\_\_\_  
City: Houston State: Tx Zip: 77002 + \_\_\_\_\_  
Contact Person: Rena Carter  
Phone: (405) 241-2223 14000 Quali Springs Pkwy, OKC, OK. 73134

API No. 15 - 095-10026-0000  
If pre 1967, supply original completion date: 12/31/59  
Spot Description: \_\_\_\_\_  
\_\_\_\_\_ SW NW Sec. 34 Twp. 30 S. R. 8  East  West  
3,300 Feet from  North /  South Line of Section  
~~460~~ 660 Feet from  East /  West Line of Section  
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(Stone Corral Formation)

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(Interval)

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As per KCC requirements

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

Could not find in KCC records

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Randy Dick  
Address: 15438 SW 25th Ave City: Spivey State: KS Zip: 67142 + \_\_\_\_\_  
Phone: (620) 425-1000  
Plugging Contractor License #: \_\_\_\_\_ Name: TBD  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Proposed Date of Plugging (if known): TBD

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  
Date: 11-4-11 Authorized Operator / Agent: Rena Carter (Signature)  
RECEIVED  
NOV 18 2011  
KCC WICHITA

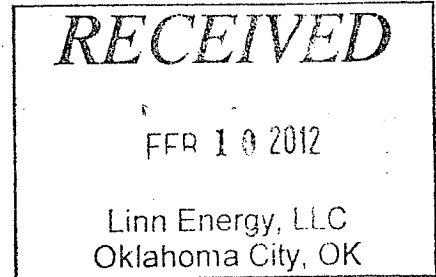
Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Sam Brownback, Governor

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner



January 30, 2012

**LINN Operating, Inc.**  
600 Travis, Ste. 5100  
Houston, TX 77002

**RE: 1<sup>ST</sup> FOLLOW-UP LETTER**

**Incomplete CP-1 forms also missing KSONA-1 forms**

<b>LEASE NAMES:</b>	<b>POMEROY UNIT 1</b>	<b>5-30S-8W</b>
	<b>15-095-00432-0000</b>	
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	<b>BOYKE K 2</b>	<b>34-30S-8W</b>
	<b>15-095-10026-0000</b>	
<b>COUNTY:</b>	<b>KINGMAN</b>	

Dear Operator:

This letter is in follow-up to our previous letter, dated 11/23/11, which was sent to you along with the incomplete CP-1 forms for the above-referenced wells. A copy of this letter is enclosed for your reference. To date, we have not received a reply nor the corrected forms that are required for these wells. Please note that although these wells have already been plugged, properly completed CP-1 and KSONA-1 forms must be submitted for each of these wells in order to satisfy the documentation requirements.

Please make the changes as referenced in our initial letter and ensure that **all required ORIGINAL forms, along with a copy of this letter, are returned to my attention no later than February 13, 2012.** If you have any questions regarding these forms, please contact me directly at (316) 337-6108. Thank you for your assistance.

Sincerely,

Marjorie (Maggie) Marcotte  
Production department

RECEIVED

FEB 23 2012

KCC WICHITA

Encls.