

*Submitted to replace
copies rec'd 11/18/11 + ret'd.
w/LTR - JTD 11/23/11.*

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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 - 095-00432-0000
If pre 1967, supply original completion date: 01/15/58
Spot Description: _____
SE Sec. 5 Twp. 30 S. R. 8 East West
2,310 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Pomeroy Unit Well #: 1

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: N/A Sacks
Production Casing Size: 4 1/2 Set at: 4344 Cemented with: N/A Sacks

List (ALL) Perforations and Bridge Plug Sets:
4224-4230 4277-4280
CIBP @ 4261

Elevation: 1615 (G.L. / K.B.) T.D.: 4345 PBTD: 4265 Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(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): 11/24/2011 Per A 11/24/11

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
KCC WICHITA

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

DIST. 2

NO LTR - ALL PLUGGED

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:
20 SE NE Sec. 5 Twp. 30 S. R. 8 East West
County: Kingman
Lease Name: Pomeroy Unit Well #: 1

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

Surface Owner Information:

Name: 1/2-Richard Hageman Tr. 1/2-Virginia Hageman Tr.
Address 1: 9572 SW 70 AVE
Address 2: _____
City: Spivey State: KS Zip: 67142 + _____

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



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

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

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.

L ~~COPY OF CP-1~~ *2N 2W 1/2 S wat into*
~~NO ORIGINAL SIGNATURE~~
~~NO KSONA-1 FORM RECD~~

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
 Please TYPE Form and File ONE Copy

Form CP-1
 March 2009
 This Form must be Typed
 Form must be Signed
 All blanks must be Filled

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 - 095-00432-0000 *KLL*
 If pre 1967, supply original completion date: 1-15-58
 Spot Description: _____
 SW-SE-NE Sec. 5 Twp. 30 S. R. 8 East West
~~2970~~ 2310 Feet from North South Line of Section
990 Feet from East West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Kingman
 Lease Name: Pomeroy Unit Well #: 1

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

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 (Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
 (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 N/a
 If ACO-1 not filed, explain why: could not find in KCC records

RECEIVED
 JUN 18 2010
 KCC WICHITA

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: Jerry Dunkin, Inc. Butch Dunkin
 Address: PO Box 389 City: Enid State: OK Zip: 73702 + _____
 Phone: (580) 237-6152

Plugging Contractor License #: 8733 Name: Jerry Dunkin, Inc.
 Address 1: PO Box 389 Address 2: _____
 City: Enid State: OK Zip: 73702 + _____
 Phone: (580) 237-6152

RECEIVED
 NOV 18 2011
 KCC WICHITA

Proposed Date of Plugging (if known): ASAP

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: Linn Operating, Inc. Attn: Rena Carter
 (Signature)

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

[Handwritten Signature]

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



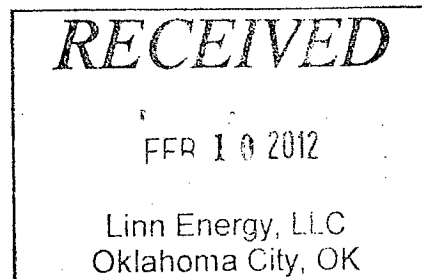
Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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: 1ST FOLLOW-UP LETTER

Incomplete CP-1 forms also missing KSONA-1 forms

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

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

Encls.

RECEIVED
FEB 23 2012
KCC WICHITA