KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 April 2004 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

| Check Applicable Boxes: | · | | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: 02/01/2010 | | | |
| Gas Lease: No. of Gas Wells** | KS Dept of Revenue Lease No.: 10645 | | | |
| Gas Gathering System: | Lease Name: CARRICK AR | | | |
| Saltwater Disposal Well - Permit No.: | | | | |
| Spot Location: feet from N / S Line | | | | |
| feet from E /W Line | Legal Description of Lease: NE/4 SECTION 28 | | | |
| Enhanced Recovery Project Permit No.: | | | | |
| Entire Project: Yes No | County:_KINGMAN | | | |
| Number of Injection Wells | Production Zone(s): MISSISSIPPI CHAT | | | |
| Field Name: SPIVEY GRABS | 1 | | | |
| ** 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) | | | | |
| - (D) | | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling | | | |
| Past Operator's License No. 32446 | Contact Person: LYNNE MOON | | | |
| Past Operator's Name & Address: MERIT ENERGY COMPANY | Phone: | | | |
| 13727 NOEL RD., SUITE 500 DALLAS, TEXAS 75240 | Date: 01/30/2010 | | | |
| | | | | |
| Title: REGULATORY MANAGER | Signature Moon | | | |
| New Operator's License No. 33999 | Contact Person: MARK OWEN | | | |
| New Operator's Name & Address: LINN OPERATING, INC. | Phone: 281-840-4000 RECEIVED | | | |
| 600 TRAVIS, STE. 5100 | | | | |
| | Oil / Gas Purchaser: APR 0 7 2010 | | | |
| HOUSTON, TEXAS 77002 | Date: 01/30/2010 | | | |
| Title: VICE PRESIDENT, OPERATIONS | Signature: KCC WICHITA | | | |
| Acknowledgment of Transfer: The above request for transfer of injection | n authorization, surface pit permit # has been | | | |
| | oration Commission. This acknowledgment of transfer pertains to Kansas | | | |
| Corporation Commission records only and does not convey any ownershi | - | | | |
| | The above in the above injection from the permit. | | | |
| is acknowleged as the | is acknowleged as the | | | |
| new operator and may continue to inject fluids as authorized by | new operator of the above named lease containing the RECEIVED | | | |
| Permit No.: Recommended action: | permitted by No. | | | |
| | FEB 1 6 201 | | | |
| Date | | | | |
| Date: | Date:Authorized Signatus CC WICHIT | | | |
| DISTRICT EPR 7/16/10 | PRODUCTION 7/20/10 UIC 7.20-10 | | | |
| Mail to: Past Operator New Operator | District ———— | | | |



Side Two

Must Be Filed For All Wells

| * Lease Name: CARRICK AR | | | | | * Location: KINGMAN COUNTY 28 -305-8W | | | |
|--------------------------|------------------------------|------|-------------------------------------------------------------|-----|---------------------------------------|-----------------------------------|--------------------------------------|--|
| 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) | |
| 1 | 15-095-00645√ | 990 | Circle FSL PNL | 990 | Circle FELFWL | GAS | PROD | |
| • | | | FSL/FNL | | FEL/FWL | | | |
| | | | FSL/FNL | · | FEL/FWL | | | |
| | | | FSL/FNL | | FEL/FWL | | | |
| | | | FSL/FNL | | FEL/FWL | | | |
| | | | FSL/FNL | | FEL/FWL | | | |
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| | | | . FSL/FNL | | FEL/FWL | | | |
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| | <i>-</i> | | _FSL/FNL | | FEL/FWL | | | |
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| | | | FSL/FNL | | | | | |

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.