Form T-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filied

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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:	Effective Date of Transfer: July 1, 2012
□ Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 200595
☑ Gas Lease: No. of Gas**	Lease Name: COBB A
□ Gas Gathering System:	<u>SE</u> Sec_25_Twp_30S_R_39W_□E□W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: <u>Sec. 25 30S 39W SE Qtr.</u>
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	<u> </u>
☐ Enhanced Recovery Project Permit No.:	County: STANTON
Entire Project: ☐ Yes ☐ No	Production Zone(s):CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON	
Surface Pit Permit No. (API No. if Drill Pit. WO or Haul) □ Type of Pit: □ Emergency □ Burn □ Settling	feet from \square N / \square S Line feet from \square E / \square W Line \square Haul-Off \square Workover \square Drilling
Past Operator's License No. 5952 Exp 6/30/12 Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor	Contact Person: Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012 Signature Lou Barry Room 3.142B WL-1 Signature
New Operator's License No33999 New Operator's Name & AddressLinn Operating, Inc	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 Signature 7tancy 7itzwater
Acknowledgment of Transfer: The above request for transfer of injection au recorded in the records of the Kansas Corporation Commission. This acknowledges not convey any ownership interest in the above injection well(s) or pit permit	dgment of transfer pertains to Kansas Corporation Commission records only an
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
Date Authorized Signature	Date Authorized Signature
DISTRICT EPR 7/9//2 Mail to: Past Operator New Ope	PRODUCTION 7.10.12 UIC 7-10-12 RECEIVED District

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

JUL 0 2 2012





KDOR Lease No.:	200595		- -		
*Lease Name:	COBB A	_ *Location:	25 30 39 NW NW S	SE	
Well No.	AP No. (YR DRLD/PRE '67)		om Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	151870025300 √	2640 FSL	2640 FEL	GAS	Producing
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	Section 10 and 1			<u></u>	
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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.

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

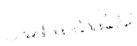
REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

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

Check Applicable Boxes:	Effective Date of	Transfer: July	1, 2012
□ Oil Lease: No. of Oil Wells**	KS Dept of Revenu	e Lease No.:	217606
☑ Gas Lease: No. of Gas**	Lease Name: C0	OBB A	
☐ Gas Gathering System:	<u>NE_</u> Sec_	25 Twp 30S R 39	<u> </u>
□ Saltwater Disposal Well - Permit No.:			0S 39W NE Qtr.
Spot Location:feet from □ N / □ S Line			
feet from □ E / □ W Line			
□ Enhanced Recovery Project Permit No.:	County: STA	ANTON	
Entire Project: 🗆 Yes 🗆 No	 	: CHASE	
Number of injection wells	·		
Field Name HUGOTON			
Surface Pit Permit No.		feet from □ N / □ S I	
(API No. if Drill Pit. WO or Haul) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settlin	—————————————————————————————————————	feet from □ E / □ W □ Workover □	Line □ Drilling
Past Operator's License No	Phone281-366-Date6/25/2012 Signature Contact Person:Phone281-840-Oil/Gas Purchaser Date6/25/2012 Signature	-7816 2 Low Barry Nancy Fitzwater -4266 Nancy Fitzwater	valer
Acknowledgment of Transfer: The above request for transfer of in recorded in the records of the Kansas Corporation Commission. This does not convey any ownership interest in the above injection well(s) or the convey any ownership interest in the above injection well(s) or the convey any ownership interest in the above injection well(s) or transfer.	s acknowledgment of transfer pertain		
the new operator and may continue to inject fluids as authorized b No.: Recommended action			is acknowledged as se containing the surface pit
Date	Date		
Authorized Signature		Authori	ized Signature
DISTRICTEPR	PRODUCTION	UIC	RECEIVED
Mail to: Past Operator	New Operator	Distri	iC(

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202 JUL 0 2 2012

Side Two Must Be Filed For All Wells



KDOR Lease No.:	217606	· · · · · · · · · · · · · · · · · · ·	·		
*Lease Name:	COBB A	_ *Location:	25 30 39 SW NE NI	<u>=</u>	
Well No.	AP No. (YR DRLD/PRE '67)		om Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
3HI	151872046000	4110 FSL	1250 FEL	GAS	Producing
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A separate sheet may be attached if necessary.

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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:	Effective Date of Transfer: July 1, 2012
□ Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 206689
☑ Gas Lease: No. of Gas**	Lease Name: COBB A
□ Gas Gathering System:	<u>- S2_Sec_25_Twp30S_R_39W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 25 30S 39W S2
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County:STANTON
Entire Project: ☐ Yes ☐ No	Production Zone(s): COUNCIL GROVE
Number of injection wells	Injection Zone(s):
Field Name PANOMA	
Surface Pit Permit No.	feet from □ N / □ S Line
(API No. if Drill Pit. WO or Haul) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	feet from □ E / □ W Line □ Haul-Off □ Workover □ Drilling
Past Operator's License No5952 Past Operator's Name & AddressBP America Production Company P.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor	Contact Person:Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012 Signature
Tiograms y Capatition	organization of the control of the c
New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002 Title Regulatory Compliance Advisor	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 Signature Nancy Titywater
Acknowledgment of Transfer: The above request for transfer of injection at recorded in the records of the Kansas Corporation Commission. This acknowledges not convey any ownership interest in the above injection well(s) or pit perm	edgment of transfer pertains to Kansas Corporation Commission records only ar
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action	the new operator of the above named lease containing the surface pit permitted by No.:
Date Authorized Signature	DateAuthorized Signature
DISTRICTEPR	PRODUCTIONUICUICUICUIC
Mail to: Past Operator New Operator	eratorDistrict

Side Two Must Be Filed For All Wells

KDOR Lease No.:	206689		_		
*Lease Name:	COBB A	*Location:	25 30 39 C S2		
Well No.	AP No. (YR DRLD/PRE '67)	-	om Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	151872005200/	1250 FSL	2530 FWL	GAS	Producing
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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 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.

Name: BP America Production Company Address 1: P.O. Box 30992 County: STANTION Lease Name: COBB A Well #: City: Houston State: Texas Zip: 777253 Contact Person: DeAnn Smyers Phone: (281) 366-4395 Fax: (281) 368-7836 Email Address: smyerscd@bp.com When filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:	Name: BP America Production Company Address : P.O. Box 3992 County: STANTON Lease Name: COBB A Well #: County: STANTON Lease Name: COBB A Well #: Contact Person: DeAnn Smyers Phone: (281) 396-4395 Fax: (281) 396-7896 Email Address: smyerscd@bp.com Neme: See Surface Owner Information: Name: See Surface Owner Altachment Address : 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 are be found in the records of the county reasurer. City: State:	OPERATOR: License # 5952	Well Location:
Address 1: P.O. Box 3092 Address 2: County: STANTON Lease Name: COBB A Well #:	Address 1: P.O. Box 3092 Address 2: County: STANTON Leaso Name: COBB A Well #: COBB A Well #: Contact Person: DeAnn Smyers Phone: (281) 368-4395 Fax: (281) 368-7836 Email Address: smyerscd@bp.com Surface Owner Information: Name: See Surface Owner Attachment Address 1: description of the lease below: When filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: NE, S2, SE Sec. 25 30S 39W Surface Owner Information: Name: See Surface Owner Attachment Address 2: City: State: Zip: When filing a Form T-1 involving multiple surface owners, attach an additional sheet isting all of the information the records of the register of deads for the county, and in the real estate property tax records of the county treasurer. When filing a Form T-1 involving multiple surface owners, attach an additional sheet isting all of the information can be left for each surface owners. Surface owner, and in the real estate property tax records of the county treasurer. City: State: Zip: This form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners of the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat ary be submitted. It 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 fling in connection with this form; bit 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 militate the additional cost of the KCC performing this task, I ackn	· · · · · · · · · · · · · · · · · · ·	
Address 2: City: Houston State: Texas Zip: 77253 Contact Person: DeAnn Smyers Phone: (281) 366-4395 Fax: (281) 366-7836 Email Address: smyerscd@bp.com Surface Owner Information: Name: See Surface Owner Attachment Address 1: See Surface Owner Attachment State: Zip: Title: Regulatory Supervisor When filting 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. City: State: Zip: 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 in 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 any be submitted. I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided 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, the SON	Address 2: City:Houston		
City: Houston State: Texas Zip: T7253 Contact Person: DeAnn Smyers Deann T-1 form Date on the left seach surface owners Deann T-1 involving multiple surface owners Deann T-1 in	City: Houston State: Texas Zip: T7253 Contact Person: DeAnn Smyers DeAnn Smyers Final Address: Smyerscd@bp.com State: Texas Zip: T7253 Email Address: Smyerscd@bp.com If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: NE, S2, SE Sec. 25 30S 39W		
Contact Person: DeAnn Smyers Phone: (281) 366-4395 Fax: (281) 366-7836 Email Address: smyerscd@bp.com New Comment	Contact Person: DeAnn Smyers Phone: (281) 366-4395 Fax: (281) 366-7836 Email Address: smyerscd@bp.com New Filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: NE, S2, SE Sec. 25 30S 39W		
Phone: (281) 366-4395 Fax: (281) 366-7836 description of the lease below: NE, S2, SE Sec. 25 30S 39W	Phone: (281) 366-4395 Fax: (281) 366-7836 description of the lease below: Restance Surface Surf		
Surface Owner Information: Name: See Surface Owner Attachment Sheet listing all of the information to the left for each surface owner. Surface Address 1:	Surface Owner Information: New Year See Surface Owner Attachment	Phone: (281) 366-4395 Fax: (281) 366-7836	· · ·
Surface Owner Information: Name: See Surface Owner Attachment sheet listing all of the information to the left for each surface owner. Surface Address 1: 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. City: State: Zip: this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners of 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 ay be submitted. Pleat 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 filling 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 mith this form. If the fee is not received with this form, the SONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	Surface Owner Information: Name: See Surface Owner Attachment 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. City: State: Zip: State: Zip: State: Signature of Operator or Agent: Si	Email Address: smyerscd@bp.com	about plant of the rouge poloti.
Name: See Surface Owner Attachment sheet listing all of the information to the left for each surface owner. Surface Address 1:	Name: See Surface Owner Attachment sheet listing all of the information to the left for each surface owner. Surface Address 1:		NE, S2, SE Sec. 25 30S 39W
Name: See Surface Owner Attachment sheet listing all of the information to the left for each surface owner. Surface Address 1:	Name: See Surface Owner Attachment sheet listing all of the information to the left for each surface owner. Surface Address 1:	Surface Aumer Information	When filing a Form T.1 involving multiple surface curves attach as additional
Address 1:	Address 1:		
Address 2:	Address 2:	•	•
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 in 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 any be submitted. Elect 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 filling 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. 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 SONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. REC	this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners id the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown 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 are be submitted. **Rect 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 filling 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. 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 SONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. RECENTATION TITLE: Regulatory Supervisor		
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Ate: June 25, 2012 Signature of Operator or Agent: Low Barry Title: Regulatory Supervisor Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202	Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202	in the plat are preliminary non-binding estimates. The local lay be submitted. elect one of the following: I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is connection with this form; 22 this form; and 3) my operator name, address, phone I have not provided this information to the surface of the KCC will be required to send this information to this task, I acknowledge that I am being charged a schoosing the second option, submit payment of the \$3	er Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by a number, fax, and email address. Downer(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing \$30.00 handling fee, payable to the KCC, which is enclosed with this form.
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Name	Address1	Address2	City	State	diz	Sec	σwΤ	Rng
JOHNSON, CARL W & DEANNA F	3825 W RD 19		ULYSSES	KS	67880	25	8	39W
LUCAS, CHARLES W REVOCABLE TRUST	10597 S BIG BOW GRADE		NOSNHOF	KS	67855	52	30	39W
LUCAS, LOREN C	12001 E RD 24		NOSNHOF	KS	67855	52	30	39W
LUCAS, CHARLES W & MYRNA REVOCABLE TRUSTS	10597 S BIG BOW GRADE		NOSNHOF	KS	67855	22	30	39W

RECEIVED
JUL 0 2 2017
KCC WICHITA