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.: 201672
☑ Gas Lease: No. of Gas**	Lease Name: HOFFMAN C
☐ Gas Gathering System:	<u>NW_Sec_24_Twp30S_R_33W_</u> □E□W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 24 30\$ 33W NW Qtr.
Spot Location:feet from □ N / □ S Line	
feet from \square E / \square W Line	
☐ Enhanced Recovery Project Permit No.:	County: HASKELL
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:	feet from \square N / \square S Line feet from \square E / \square W Line \square Haul-Off \square Workover
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:
New Operator's License No. 33999	Contact Person: Nancy Fitzwater RECEIVED
New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Phone <u>281-840-4266</u> Oil/Gas Purchaser
Title Regulatory Compliance Advisor	Signature Nancy Pitzwater KCC WICHITA
	authorization, surface pit permit #has been noted, approved and dule degree of transfer pertains to Kansas Corporation Commission records only an mit.
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action	
Date	Date
Authorized Signature	Authorized Signature
DISTRICTEPRNew OperatorNew Operator_	PRODUCTION 7.23.12 UIC 7-20-12 perator District

Side Two Must Be Filed For All Wells

KDOR Lease No.:	201672				
*Lease Name:	HOFFMAN C	*Location: _	24 30 33 SE S	E NW	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	150810051400 /	2490 FNL	2490 FWL	GAS	Producing
				-	
					Million VIII

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 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.: 218752
☑ Gas Lease: No. of Gas1**	Lease Name: HOFFMAN C
□ Gas Gathering System:	<u>- SW_Sec_24_Twp30S_R_33W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 24 30S 33W SW Otr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: HASKELL
Entire Project: 🗆 Yes 🗀 No	Production Zone(s): CHASE
Number of injection wells	Injection Zone(s):
Field NameHUGOTON	injector Zorie(s).
Surface Pit Permit No.	feet from □ N / □ S Line
(API No. if Drill Pit. WO or Haul)	feet from \square E / \square W Line
☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	☐ Haul-Off ☐ Workover ☐ Drilling
Past Operator's License No. <u>5952</u> Past Operator's Name & Address <u>BP America Production Company</u> P.O. Box 3092, Houston, TX 77253 Fitle <u>Regulatory Supervisor</u>	Contact Person: Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012 Signature RECEIVED
New Operator's License No33999	Contact Person: Nancy Fitzwater JUL 9 2 2012 Phone 281-840-4266
New Operator's Name & Address Linn Operating, Inc.	Phone 281-840-4266 JUL 11 Z 2012
600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser Date 6/25/2012 KCC WICHITA
Title Regulatory Compliance Advisor	Signature
	authorization, surface pit permit #has been noted, approved and dul edgment of transfer pertains to Kansas Corporation Commission records only an nit.
is acknowledged as he 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
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator New Op	erator District

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

Side Two Must Be Filed For All Wells

S.

KDOR Lease No.:	218752				
*Lease Name:	HOFFMAN C	*Location:	24 30 33 NE S	w sw	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet f		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2HI	150812074100/	1250 FSL	4030 FEL	GAS	Producing
<u></u>		-			

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

KCC WICHITA

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 # 5952 Name: BP America Production Company Address 1: P.O. Box 3092	Well Location:Sec. <u>24</u> Twp. <u>30S</u> R. <u>33W</u> □East ☑ West County:HASKELL
Address 2:	Lease Name: HOFFMAN C Well #:
Contact Person: DeAnn Smyers Phone: (281) 366-4395 Fax: (281) 366-7836 Email Address:	If filing a Form T-1 for multiple wells on a lease, enter the lega description of the lease below:
Email Address	NW, SW Sec. 24 30S 33W
Surface Owner Information: Name: See Surface Owner Attachment Address 1: Address 2: Zip: Zip:	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.
nd the KCC with a plat showing the predicted locations of le the plat are preliminary non-binding estimates. The location	ease roads, tank batteries, pipelines, and electrical lines. The locations show
nd the KCC with a plat showing the predicted locations of length the plat are preliminary non-binding estimates. The locationary be submitted. Elect one of the following: I certify that, pursuant to the Kansas Surface Owner for	ease roads, tank batteries, pipelines, and electrical lines. The locations show
nd the KCC with a plat showing the predicted locations of lean the plat are preliminary non-binding estimates. The locationary be submitted. Select one of the following: I certify that, pursuant to the Kansas Surface Owner from owner(s) of the land upon which the subject well is or the subject well in the subject well is or the subject well in the subject well is or the subject well in the subject well i	Passe roads, tank batteries, pipelines, and electrical lines. The locations shown one may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat. Notice Act (House Bill 2032), I have provided the following to the surface 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
Ind the KCC with a plat showing the predicted locations of learn the plat are preliminary non-binding estimates. The locationary be submitted. Lelect one of the following: Lertify that, pursuant to the Kansas Surface Owner from owner(s) of the land upon which the subject well is or to CP-1 that I am filling in connection with this form; 2) if this form; and 3) my operator name, address, phone not be considered to send this information to the surface own the KCC will be required to send this information to the	Passe roads, tank batteries, pipelines, and electrical lines. The locations shown one may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat. Notice Act (House Bill 2032), I have provided the following to the surface 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
Indicate the KCC with a plat showing the predicted locations of less the plat are preliminary non-binding estimates. The locationary be submitted. Belect one of the following: I certify that, pursuant to the Kansas Surface Owner for owner(s) of the land upon which the subject well is or to CP-1 that I am filling in connection with this form; 2) if this form; and 3) my operator name, address, phone not be KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30 choosing the second option, submit payment of the \$30.6 choosing the second option, submit payment of the \$30.6 choosing the second option, submit payment of the \$30.6 choosing the second option, submit payment of the \$30.6 choosing the second option, submit payment of the \$30.6 choosing the second option, submit payment of the \$30.6 choosing the second option, submit payment of the \$30.6 choosing the second option, submit payment of the \$30.6 choosing the second option is the subject well is or the subject wel	Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form it the form being filed is a Form C-1 or Form CB-1, the plat(s) required by number, fax, and email address. Iner(s). I acknowledge that, because I have not provided this information, e surface owner(s). To mitigate the additional cost of the KCC performing 0.00 handling fee, payable to the KCC, which is enclosed with this form, the
Indicate the KCC with a plat showing the predicted locations of least the plat are preliminary non-binding estimates. The location are besubmitted. I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or to CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone now the KCC will be required to send this information to the surface own the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30 choosing the second option, submit payment of the \$30.0 SONA-1 form and the associated Form C-1, Form CB-1, Form SONA-1 form and the associated Form C-1, Form CB-1, Form	will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by number, fax, and email address. Iner(s). I acknowledge that, because I have not provided this information, e surface owner(s). To mitigate the additional cost of the KCC performing 0.00 handling fee, payable to the KCC, which is enclosed with this form. On handling fee with this form. If the fee is not received with this form, the firm T-1, or Form CP-1 will be returned.
Inditing the KCC with a plat showing the predicted locations of less in the plat are preliminary non-binding estimates. The locationary be submitted. It certify that, pursuant to the Kansas Surface Owner from owner(s) of the land upon which the subject well is or a CP-1 that I am filling in connection with this form; 2) if this form; and 3) my operator name, address, phone not the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30 to choosing the second option, submit payment of the \$30.0 to CSONA-1 form and the associated Form C-1, Form CB-1, Form thereby certify that the statements made herein are true and contents.	Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form of the form being filed is a Form C-1 or Form CB-1, the plat(s) required by number, fax, and email address. Iner(s). I acknowledge that, because I have not provided this information, as surface owner(s). To mitigate the additional cost of the KCC performing 0.00 handling fee, payable to the KCC, which is enclosed with this form, the tim T-1, or Form CP-1 will be returned.
Inditing the KCC with a plat showing the predicted locations of learn the plat are preliminary non-binding estimates. The location has be submitted. I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or a CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone not the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30 choosing the second option, submit payment of the \$30.0 SONA-1 form and the associated Form C-1, Form CB-1, Form the content of the statements made herein are true and content. June 25, 2012 Signature of Operator or American submit payment of the subject with the statements made herein are true and content.	Notice Act (House Bill 2032), I have provided the following to the surface 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 number, fax, and email address. Iner(s). I acknowledge that, because I have not provided this information, as surface owner(s). To mitigate the additional cost of the KCC performing 0.00 handling fee, payable to the KCC, which is enclosed with this form. On handling fee with this form. If the fee is not received with this form, the tem T-1, or Form CP-1 will be returned.

Name	Address1	Address2	city	State	diz	Sec	dwT	Rng
HINES FARMS	P O BOX 488		COLBY	KS	67701	74	30	33W
LEONARD FAMILY FARMS LLC	2252 ROAD OO		SUBLETTE	S	21873	74	30	33W
STOPPEL, THOMAS & SUE	P O BOX 592		SUBLETTE	ĸS	21873	24	30	33W

RECEIVED
JUL 0 2 2012
KCC WICHITA