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.: 203486
☑ Gas Lease: No. of Gas**	Lease Name: SHORTER
☐ Gas Gathering System:	<u>- NE_Sec_26_Twp27S_R_38W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 26 27S 38W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: GRANT
Entire Project: ☐ Yes ☐ No	Production Zone(s):CHASE
Number of injection wells	Injection Zone(s):
Field NameHUGOTON	
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 D E / D W Line Haul-Off D Workover D Drilling
Past Operator's License No. <u>5952</u> Past Operator's Name & Address <u>BP America Production Compared P.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor</u>	Date 6/25/2012 Signature Low Barry
	RECEIVED
New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser
Title Regulatory Compliance Advisor	
	ged as is acknowledged as
Date Authorized Signature	Date Authorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past OperatorN	New Operator District

KDOR Lease No.:	203486			the state of the state of	
*Lease Name:	SHORTER	*Location:	26 27 38 SW SW	/ SW NE	
Well No.	AP No. (YR DRLD/PRE '67)		m Section Line at from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
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A separate sheet may be attached if necessary.

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^{*}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

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.

Che	eck Applicable Boxes:	Effective Date of Transfer: July 1, 2012	
	Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 21772	
☑	Gas Lease: No. of Gas**	Lease Name: SHORTER	·
	Gas Gathering System:	<u>SE</u> Sec_26_Twp27S_R_38W_□ E [٦ ١٨/
	Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 26 27\$ 38W \$	
	Spot Location:feet from □ N / □ S Line		E QII.
	feet from □ E / □ W Line		
	Enhanced Recovery Project Permit No.:	County: GRANT	
	Entire Project: ☐ Yes ☐ No	Production Zone(s):CHASE	
	Number of injection wells	Injection Zone(s):	
Fiel	d NameHUGOTON	injection zone(s).	
Surf	face Pit Permit No.	feet from □ N / □ S Line	
пτ	(API No. if Drill Pit. WO or Haul) ype of Pit: ☐ Emergency ☐ Burn ☐ Settling	feet from □ E / □ W Line □ Haul-Off □ Workover □ Drilling	
Pas P.O	t Operator's License No. <u>5952</u> t Operator's Name & Address <u>BP America Production Company</u> , Box 3092, Houston, TX 77253 Regulatory Supervisor	Contact Person:Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012 Signature	
			RECENT
	v Operator's License No. <u>33999</u> v Operator's Name & AddressLinn Operating, Inc.	Contact Person: Nancy Fitzwater Phone 281-840-4266	
	300 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser	JUL 0 2 2012
Title	Regulatory Compliance Advisor	Date <u>6/25/2012</u> Signature Nancy Titywater	
reco	nowledgment of Transfer: The above request for transfer of injection a orded in the records of the Kansas Corporation Commission. This acknowless not convey any ownership interest in the above injection well(s) or pit perm	edgment of transfer pertains to Kansas Corporation Comm	
	is acknowledged as new operator and may continue to inject fluids as authorized by Permit Recommended action	the new operator of the above named lease contain permitted by No.:	s acknowledged as ing the surface pit
Date	Authorized Signature	Date Authorized Signa	ture
1	ISTRICTEPRail to: Past OperatorNew Op	PRODUCTIONUIC erator District	

KDOR Lease No.:	217724	e i e e e e e e e e e e e e e e e e e e			
*Lease Name:	SHORTER	*Location:	26 27 38 NW SE	SE	
Well No.	AP No. (YR DRLD/PRE '67)	_	n Section Line t from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
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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

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.: 224710
☑ Gas Lease: No. of Gas**	Lease Name: SHORTER
□ Gas Gathering System:	<u>-SW</u> Sec <u>26</u> Twp <u>27S</u> R <u>38W</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 26 27S 38W SW Qtr.
Spot Location:feet from □ N / □ S Line	2594 5050 photo of 25035.
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: GRANT
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 D N / D S Line
(API No. if Drill Pit. WO or Haul) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settlir	feet from □ E / □ W Line ng □ Haul-Off □ Workover □ Drilling
P.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor 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	Signature Low Barry Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 CONTACT Person: Nancy Fitzwater Date 6/25/2012 CONTACT PERSON RECEIVED RECEIV
recorded in the records of the Kansas Corporation Commission. This does not convey any ownership interest in the above injection well(s) is acknowled the new operator and may continue to inject fluids as authorized by	ledged as is acknowledged as
No.: Recommended action	permitted by No.:
Authorized Signature	Date Authorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator	New Operator District

KDOR Lease No.: _	<u>224710</u>				
*Lease Name:	SHORTER	*Location:	26 27 38 SE NW	'SW	
Well No.	AP No. (YR DRLD/PRE '67)	_	n Section Line t from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
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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.

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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.:231045
☑ Gas Lease: No. of Gas**	Lease Name: SHORTER
☐ Gas Gathering System:	NW_Sec_26_Twp27S_R_38W_□ E □ W
□ Saltwater Disposal Well - Permit No.:	
	Legal Description of Lease: Sec. 26 27S 38W NW Qtr.
Spot Location:feet from □ N / □ S Line	
feet from \square E / \square W Line	
☐ Enhanced Recovery Project Permit No.:	County: GRANT
Entire Project:	Production Zone(s):CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON	injection zone(s).
Surface Pit Permit No.	feet from □ N / □ S Line
(API No. if Drill Pit. WO or Haul)	feet from □ E / □ W Line
☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	☐ Haul-Off ☐ Workover ☐ Drilling
Past Operator's License No. 5952	Contact Person: Lou Barry Room 3.142B WL-1
Past Operator's Name & Address BP America Production Company	Phone <u>281-366-7816</u>
P.O. Box 3092, Houston, TX 77253	Date <u>6/25/2012</u>
Title Regulatory Supervisor	Signature Low Barry
	Contact Person: Nancy Fitzwater
New Operator's License No. 33999	Contact Person: Nancy Fitzwater
New Operator's Name & Address Linn Operating, Inc.	Phone 281-840-4266 JUL 0 2 2012
600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser
Title Regulatory Compliance Advisor	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 Nancy Fitzwater Fitzwater ACC WICHITA
	Signature Nancy Fitzwater
recorded in the records of the Kansas Corporation Commission. This acknowle	uthorization, surface pit permit #has been noted, approved and duled grant of transfer pertains to Kansas Corporation Commission records only an
does not convey any ownership interest in the above injection well(s) or pit perm	nit.
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the new operator and may continue to inject fluids as authorized by Permit	the new operator of the above named lease containing the surface pit
No.: Recommended action	permitted by No.:
Date	Date
Authorized Signature	Authorized Signature
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Mail to: Past Operator New Ope	

KDOR Lease No.:	231045	<u> </u>			
*Lease Name:	SHORTER	*Location:	26 27 38 SE NW	/ NW	
Well No.	AP No. (YR DRLD/PRE '67)		n Section Line t from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
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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.

OPERATOR: License #	Well Location:
Contact Person: DeAnn Smyers Phone: (281) 366-4395 Fax: (281) 366-7836 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, NW, SE, SW Sec. 26 27S 38W
Surface Owner Information: Name: See Surface Owner Attachment Address 1: Address 2: 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.
	1 (Cathodic Protection Borehole Intent), you must supply the surface owners
and the KCC with a plat showing the predicted locations of lea on the plat are preliminary non-binding estimates. The locatior may be submitted.	ase roads, tank batteries, pipelines, and electrical lines. The locations shown ns may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
and the KCC with a plat showing the predicted locations of lead on the plat are preliminary non-binding estimates. The location may be submitted. Select one of the following: I certify that, pursuant to the Kansas Surface Owner No.	ase roads, tank batteries, pipelines, and electrical lines. The locations shown
and the KCC with a plat showing the predicted locations of least on the plat are preliminary non-binding estimates. The location may be submitted. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Note owner(s) of the land upon which the subject well is or with CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone nutted the KCC will be required to send this information to the	RECEIVEL otice Act (House Bill 2032). I have provided the following to the surface JUL 0.2
and the KCC with a plat showing the predicted locations of least on the plat are preliminary non-binding estimates. The location may be submitted. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Note owner(s) of the land upon which the subject well is or with CP-1 that I am filling in connection with this form; 2) if this form; and 3) my operator name, address, phone nutted to send this information to the this task, I acknowledge that I am being charged a \$30.6	RECEIVED otice Act (House Bill 2032), I have provided the following to the surface JUL 02 2010 iill 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 CC WICHIT, which is enclosed with this form. of handling fee, payable to the KCC, which is enclosed with this form, the
and the KCC with a plat showing the predicted locations of least on the plat are preliminary non-binding estimates. The location may be submitted. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Note owner(s) of the land upon which the subject well is or with CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone nutted the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30.00 of the choosing the second option, submit payment of the \$30.00 of the plat I am being that I am \$30.00 of the plat I am being the second option, submit payment of the \$30.00 of the plat I am being the second option, submit payment of the \$30.00 of the plat I am being the payment of the \$30.00 of the plat I am being the payment of the \$30.00 of the plat I am being the payment of the \$30.00 of the plat I am being the payment of the \$30.00 of the plat I am being the plat I am being the payment of the plat I am being the plat I am b	RECEIVED ortice Act (House Bill 2032), I have provided the following to the surface JUL 02 201 iill 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 FCC WICHIT. er(s). I acknowledge that, because I have not provided this information, surface owner(s). To mitigate the additional cost of the KCC performing 00 handling fee, payable to the KCC, which is enclosed with this form. O handling fee with this form. If the fee is not received with this form, the in T-1, or Form CP-1 will be returned.

RECEIVED JUL 0 2 2012 KCC WICHITA

Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rng
MOORE, RUTH TRUST	9643 N RD L		ULYSSES	S	67880	26	27	38W
BERKLEY, ROBERT H TR	1950 VISTA CAUDAL		NEWPORT BEACH	δ	92660	26	27	38W
CONKLIN, MARY ANN LIV TRUST	PO BOX 387	ATTN: JOHNSON AG	HUTCHINSON	ß	67504-0387	26	27	38W
		SERVICE				,		
SHORTER, VERA M & CHARLES P REV TRS	4711 N HWY 25		ULYSSES	KS	67880	26	27	38W