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.: 203508
☑ Gas Lease: No. of Gas**	Lease Name: STUDE
☐ Gas Gathering System:	<u>-NE</u> Sec_6_Twp <u>_29S_R_39W</u> _□E□W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 6 29S 39W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from $\square$ E / $\square$ W Line	
☐ 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  ** Side Two Must Se Completed	Injection Zone(s):
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 Haul-Off Workover Drilling
Past Operator's License No. 5952 Exp U/SO/R 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 Phone281-366-7816
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 Fitzwater
	uthorization, surface pit permit #has been noted, approved and duly digment of transfer pertains to Kansas Corporation Commission records only and it.
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
DISTRICTEPR7/18/12New Ope	PRODUCTION 7 · 2 3 · 1 2 UIC 7 · 19 · 12 JUL 7 · 2
	PRODUCTION 7 · 2 3 · 1 2 UIC 7 · 19 - 12 JUL 03 Prator District Signature  30 S. Market - Room 2078, Wichita, Kansas 67202

#### Side Two Must Be Filed For All Wells

		Must B	e Filed For All Well	S	
KDOR Lease No.:	203508	Must B	<u> </u>		
*Lease Name:	STUDE	_ *Location:	6 29 39 SW SW NE	<del></del>	
Well No.	AP No. (YR DRLD/PRE '67)		rom Section Line eet from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	151870018000 <i>J</i>	2640 FSL	2640 FEL	GAS	Producing
		_	1-111		
			<u>.                                    </u>		
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A separate sheet may be attached if necessary.

<sup>\*</sup>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 Revenue Lease No.: 207041
☑ Gas Lease: No. of Gas**	Lease Name: STUDE
□ Gas Gathering System:	<u>-E2</u> Sec_6_Twp <u>_29S_</u> R_ <u>39W</u> _□E□W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 6 29S 39W E2
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  ** Side Two Must Be Completed.	
Surface Pit Permit No.  (API No. if Drill Pit. WO or Haul)  Type of Pit:   Emergency   Burn   Settling	feet from □ N / □ S Line feet from □ E / □ W Line Haul-Off □ Workover □ Drilling
Past Operator's License No. 5952  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 Zou Barry
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 Taxcy 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	uthorization, surface pit permit #has been noted, approved and duly adgment of transfer pertains to Kansas Corporation Commission records only and it.
is acknowledged as	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	Date
Authorized Signature	PRODUCTION UIC District 130 S. Market - Room 2078, Wichita, Kansas 67202
•	

### Side Two Must Be Filed For All Wells

KDOR Lease No.	: <u>207041</u>	7	<del></del>		
*Lease Name:	STUDE	_ *Location:	6 29 39 C E2		
Well No.	AP No. (YR DRLD/PRE '67)		om Section Line eet from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	151872012300 🗸	2590 FSL	1250 FEL	GAS	Producing
			_		
				****	
	-				
VI 100V					
			_		

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.: 217918
☑ Gas Lease: No. of Gas**	Lease Name: STUDE
☐ Gas Gathering System:	<u>- NE_</u> Sec_6_Twp29S_R_39W_□ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 6 29S 39W NE Qtr.
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):CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON  ** Side Two Must Be Completed.	
Surface Pit Permit No.  (API No. if Drill Pit. WO or Haul)	feet from □ N / □ S Line feet from □ E / □ 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	Contact Person:Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012
Title Regulatory Supervisor	Signature Lou Barry
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 7lancy 7itywater
Acknowledgment of Transfer: The above request for transfer of injection au recorded in the records of the Kansas Corporation Commission. This acknowled does not convey any ownership interest in the above injection well(s) or pit permi	dgment of transfer pertains to Kansas Corporation Commission records only and
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	DateAuthorized Signature
DISTRICTEPRNew Ope	PRODUCTION UICUICUICUIC
	PRODUCTION UIC District Styles 03 2012  30 S. Market - Room 2078, Wichita, Kansas 67202  **CC WICHITA**

## Side Two Must Be Filed For All Wells

/	Must	Ве	Filed	For	All	1
y						

KDOR Lease No.:	217918 '				
*Lease Name:	STUDE	*Location:	6 29 39 SW NE NE		
Well No.	AP No. (YR DRLD/PRE '67)		m Section Line ot from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
3HI	151872056000 /	4030 FSL	1250 FEL	GAS	Producing
		- <del>10010 11</del>			
- About the Property					
			-		
	when he will do to		·		

A separate sheet may be attached if necessary.

<sup>\*</sup>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.

OPERATOR: License # 5952	Well Location:
Name: BP America Production Company	Sec. <u>6</u> Twp. <u>29S</u> R. <u>39W</u> □East ☑ West
Address 1: P.O. Box 3092	County: STANTON
Address 2:	Lease Name:STUDE Well #:
City: Houston State: Texas Zip: 77253	
Contact Person: DeAnn Smyers	If filing a Form T-1 for multiple wells on a lease, enter the legal
Phone: (281) 366-4395 Fax: (281) 366-7836	description of the lease below:
Email Address: <u>smyerscd@bp.com</u>	NE, E2 Sec. 6 29S 39W
Surface Owner Information:  Name: See Surface Owner Attachment  Address 1:	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:	, , , , , , , , , , , , , , , , , , , ,
n the plat are preliminary non-binding estimates. The locat	lease roads, tank batteries, pipelines, and electrical lines. The locations shown ions may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
on the plat are preliminary non-binding estimates. The locatinary be submitted.  Select one of the following:	
on the plat are preliminary non-binding estimates. The local may be submitted.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or	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
on the plat are preliminary non-binding estimates. The local may be submitted.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or CP-1 that I am filling in connection with this form; 2) this form; and 3) my operator name, address, phone I have not provided this information to the surface over the KCC will be required to send this information to the	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
I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or CP-1 that I am filling in connection with this form; 2) this form; and 3) my operator name, address, phone I have not provided this information to the surface ow the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30 of choosing the second option, submit payment of the \$300.	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.  I acknowledge that, because I have not provided this information, he surface owner(s). To mitigate the additional cost of the KCC performing 10.00 handling fee, payable to the KCC, which is enclosed with this form.
on the plat are preliminary non-binding estimates. The local may be submitted.  Select one of the following:  ☐ I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or CP-1 that I am filling in connection with this form; 2) this form; and 3) my operator name, address, phone ☐ I have not provided this information to the surface over the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$3 for choosing the second option, submit payment of the \$30 for KSONA-1 form and the associated Form C-1, Form CB-1, For	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.  Inver(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing 10.00 handling fee, payable to the KCC, which is enclosed with this form.
Select one of the following:  I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or CP-1 that I am filling in connection with this form; 2) this form; and 3) my operator name, address, phone I have not provided this information to the surface over the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$3 of the choosing the second option, submit payment of the \$30 of the SONA-1 form and the associated Form C-1, Form CB-1, Form the charge certify that the statements made herein are true and the representation of the second option in the same certification.	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.  I acknowledge that, because I have not provided this information, he surface owner(s). To mitigate the additional cost of the KCC performing 10.00 handling fee, payable to the KCC, which is enclosed with this form.  1.00 handling fee with this form. If the fee is not received with this form, the form T-1, or Form CP-1 will be returned.  1.11 Correct to the best of my knowledge and belief.  1.12 Regulatory Supervisor
Select one of the following:  I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or CP-1 that I am filling in connection with this form; 2) this form; and 3) my operator name, address, phone I have not provided this information to the surface over the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$3 of choosing the second option, submit payment of the \$30 of KSONA-1 form and the associated Form C-1, Form CB-1, Fo	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.  I acknowledge that, because I have not provided this information, he surface owner(s). To mitigate the additional cost of the KCC performing 10.00 handling fee, payable to the KCC, which is enclosed with this form.  1.00 handling fee with this form. If the fee is not received with this form, the form T-1, or Form CP-1 will be returned.  1.11 Correct to the best of my knowledge and belief.  1.12 Regulatory Supervisor
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# Surface Owner Attachment

							<i> </i>	7
Name	Address1	Address2	City	State	ZIP	Sec	Twp	_]
EMJ FARMS INC	1737 S RD F		NOSNHOL	KS	67855	6	29	اس
JULIAN, ELLA MAE REVOCABLE TRUST	1737 S RD F		NOSNHOL	KS	67855	6	29	3
MONTGOMERY, HAZEL TRUST	400 E DOUGLAS - BOX 1401		WICHITA	KS	67201	6	29	ω

Sec IND VICHITA