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.: 200609
☐ Gas Lease: No. of Gas**	Lease Name: CONGDON A
☐ Gas Gathering System:	
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 22 27S 39W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	_
☐ Enhanced Recovery Project Permit No.:	County: STANTON S
Entire Project: ☐ Yes ☐ No	County: STANTON STANTO
Number of injection wells	Libration 7 control
Field Name HUGOTON	mjection zone(s).
** Side Two Must Be 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 \square Workover \square P \square Drilling
Past Operator's License No. 5952 Exp 1/30 / /2 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 Date6/25/2012 Signature
	RECEIVED
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 Mancy Fitzwater KCC WICHITA
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 is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action	adgment of transfer pertains to Kansas Corporation Commission records only an
DateAuthorized Signature	Date Authorized Signature
DISTRICTEPR8/2/12	PRODUCTION 8.6.12 UIC 8-3-12
Mail to: Past Operator New Ope	erator District

KDOR Lease No.:	200609	<u></u>			
*Lease Name:	CONGDON A	*Location: _	22 27 39 SW	SW NE	
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)
1	151870012600 /	2640 FSL	2640 FEL	GAS	Producing
	, p - e ^{ee} 4				
		-			
		_			

^{*}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.: 217667
☑ Gas Lease: No. of Gas**	Lease Name: CONGDON A
☐ Gas Gathering System:	<u>NE_Sec_22_Twp27S_R_39W</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 22 27S 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.	
Comfood Dit Dormit No	feet from □ N / □ S Line
Surface Pit Permit No. (API No. if Drill Pit. WO or Haul)	feet from □ E / □ W Line
☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settlin	ng □ Haul-Off □ Workover □ Drilling
Past Operator's License No. 5952 Past Operator's Name & Address BP America Production Comp.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor	Date 6/25/2012
	NECEIVED
New Operator's License No. 33999	Contact Person: Nancy Fitzwater
New Operator's Name & Address Linn Operating, Inc.	Oil/Gas Purchaser
600 Travis, Suite 5100 Houston, Texas 77002	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 Manual Zitawater Contact Person: Nancy Fitzwater Phone 281-840-4266 WCC WICHITA
Title Regulatory Compliance Advisor	Signature Mancy Filtzwater
recorded in the records of the Kansas Corporation Commission. This does not convey any ownership interest in the above injection well(s)	edged as by Permit 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 Operator District

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

KDOR Lease No.:	217667	<u> </u>			
*Lease Name:	CONGDON A	*Location:	22 27 39 SW	NE NE	
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)
3HI	151872056600 🗸	4030 FSL	1250 FEL	GAS	Producing
7.00	A STATE OF THE STA				
				And	

^{*}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.

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	ue Lease No.:	206704
☑ Gas Lease: No. of Gas**	Lease Name: C	ONGDON A	
□ Gas Gathering System:	<u>NE_</u> Sec_	22 Twp 27S R 39W	_ 🗆 E 🗆 W
□ Saltwater Disposal Well - Permit No.:	Legal Description o	of Lease: <u>Sec. 22 27S</u>	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	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 □ Settli	ng □ Haul-Off	feet from N / S Line feet from E / W Line Workover	
Past Operator's License No. <u>5952</u> Past Operator's Name & Address <u>BP America Production Con P.O. Box 3092, Houston, TX 77253</u> Title <u>Regulatory Supervisor</u>	npany Phone <u>281-366</u> Date <u>6/25/201</u>	Lou Barry Room 3.142E -7816 12 Lou Barry	
New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc.	Phone 281-840	Nancy Fitzwater 0-4266	JUL 0 3 2012 KCC WICHITA
600 Travis, Suite 5100 Houston, Texas 77002	Date6/25/2012		ACC WICHITA
Title Regulatory Compliance Advisor	Signature	Nancy Fitzwa	ter
Acknowledgment of Transfer: The above request for transfer of recorded in the records of the Kansas Corporation Commission. The does not convey any ownership interest in the above injection well(s)	is acknowledgment of transfer perta	permit #has lains to Kansas Corporatio	been noted, approved and dul n Commission records only an is acknowledged as
the new operator and may continue to inject fluids as authorized No.: Recommended action	by Permit the new operator of t		containing the surface pit
Date Authorized Signature	Date	Authorize	ed Signature
DISTRICTEPR	PRODUCTION	UIC	
Mail to: Past Operator	New Operator	District	

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

KDOR Lease No.	.: <u>206704</u>				
*Lease Name:	CONGDON A	*Location:	22 27 39 SW	SW NE	
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)
2	151870005900-01 /	3300 FSL	1980 FEL	GAS	Producing
			- Aug		
					,
	77.30.41				
					117474534

^{*}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.

Mail to: Past Operator New Op	peratorDistrict
DISTRICTEPR	PRODUCTIONUIC
Date Authorized Signature	Date Authorized Signature
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.:
is acknowledged as	is acknowledged as
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 permitted.	edgment of transfer pertains to Kansas Corporation Commission records only ar nit.
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been noted, approved and du
Title Regulatory Compliance Advisor	Signature Nancy Fitzwaler KCC WICHITA
600 Travis, Suite 5100 Houston, Texas 77002	Date 6/25/2012
New Operator's Name & Address Linn Operating, Inc.	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012
New Operator's License No. 33999	Contact Person: Nancy Fitzwater RECEIVED
Title Regulatory Supervisor	Signature Low Barry
Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253	Phone281-366-7816 Date6/25/2012
Past Operator's License No. <u>5952</u>	Contact Person:Lou Barry Room 3.142B WL-1
(API No. if Drill Pit. WO or Haul) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	feet from □ E / □ W Line □ Haul-Off □ Workover □ Drilling
Surface Pit Permit No.	feet from \square N / \square S Line
Field Name CHASE **Side Two Must Be Completed.	
Number of injection wells	Injection Zone(s):
Entire Project:	Production Zone(s):
☐ Enhanced Recovery Project Permit No.:	County: STANTON
feet from 🗆 E / 🗆 W Line	
Spot Location:feet from □ N / □ S Line	
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 22 27S 39W NW Qtr.
☐ Gas Gathering System:	<u>NW_</u> Sec_22_Twp27S_R_39W_□ E □ W
☑ Gas Lease: No. of Gas**	Lease Name: CONGDON A
☐ Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 231249
Check Applicable Boxes:	Effective Date of Transfer: July 1, 2012

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

KDOR Lease No.: 231249

*Lease Name:	CONGDON A	*Location:	22 27 39 SE S	SW 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)
4	151872112900 J	2343 FNL	1250 FWL	GAS	Producing
	12/40				
					<u> </u>

^{*}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>22</u> Twp. <u>27S</u> R. <u>39W</u> □East ☑ West
Address 1: P.O. Box 3092	County: STANTON
Address 2:	Lease Name: CONGDON A 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: smyerscd@bp.com	NE, NW Sec. 22 27S 39W
	, 666. 22 276 667
Surface Owner Information:	When filing a Form T-1 involving multiple surface owners, attach an additional
Name: See Surface Owner Attachment	sheet listing all of the information to the left for each surface owner. Surface
Address 1:	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 locatior	ase roads, tank batteries, pipelines, and electrical lines. The locations shown as may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
· · · · · · · · · · · · · · · · · · ·	ns 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 location nay be submitted. Select one of the following:	ns may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
nay be submitted. Select one of the following: ☑ I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or wi	otice Act (House Bill 2032), I have provided the following to the sufface ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form Cb-1 from being filed is a Form C-1 or Form CB-1, the plat(s) required by
inay 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 nuture. ☐ I have not provided this information to the surface owner the KCC will be required to send this information to the	otice Act (House Bill 2032), I have provided the following to the sufface ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form Cb-1 from being filed is a Form C-1 or Form CB-1, the plat(s) required by
relect one of the following: I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone nuture. I have not provided this information to the surface owner the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30.00 for choosing the second option, submit payment of the \$30.00.	Detice Act (House Bill 2032), I have provided the following to the suffer bill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form C he form being filed is a Form C-1 or Form CB-1, the plat(s) required by mber, fax, and email address. Per(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.
inay 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 nuther I have not provided this information to the surface owner the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30.6	otice Act (House Bill 2032), I have provided the following to the sufface ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form Cb he form being filed is a Form C-1 or Form CB-1, the plat(s) required by mber, fax, and email address. 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. To 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.

Name	Address1	Address2	City	State	ZIP	Sec	Twp
SCOTT, CLAY B & NANCY J	1773 N RD B		ULYSSES	S	67880	22	27
MOLZ-WARNER, OLEN & ETHEL FARMS	BOX 40		JOHNSON	KS	67855-0040	22	27

Rng 39W 39W

RECEIVED
JUL 0 3 2012
KCC WICHITA