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 OF LINE TRANSFER OF INJECTION OR SURFACE PIT PERMIT

MUST be submitted with this form.

Check Applicable Boxes:	Effective Date of Transfer: July 1, 2012
Oil Lease: No. of Oil Wells	**
☑ Gas Lease: No. of Gas**	Lease Name: MATER B
□ Gas Gathering System:	
□ Saltwater Disposal Well - Permit No.:	<u>- C Sec 24 Twp_ 27S R 39W</u> □ E □ W
Spot Location:feet from □ N / □ S Line	Legal Description of Lease: Sec. 24 27S 39W C
feet from \square E / \square W Line	
☐ Enhanced Recovery Project Permit No.:	
Entire Project: ☐ Yes ☐ No	County: STANTON
Number of injection wells	Production Zone(s):CHASE
Field Name HUGOTON	Injection Zone(s):
" Side Two Must Be Completed.	
Surface Pit Permit No.	feet from \square N / \square S Line
(API No. if Drill Pit. WO or Haul) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Se	feet from DE / DW Line
	ettling ☐ Haul-Off ☐ Workover ♠ R ☐ Drilling
Past Operator's License No5952	Date 6/25/2012 Signature Lou Barry
New Operator's Name & Address Linn Operating Inc.	Contact Person: Nancy Fitzwater Phone 291 940 4000
600 Travis, Suite 5100 Houston, Texas 77002	Phone <u>281-840-4266</u> Oil/Gas Purchaser Date 6/25/2012
Fitle Regulatory Compliance Advisor	Date 6/25/2012
	Signature Nancy Fitzwaler KCC WICHITA
oes not convey any ownership interest in the above injection well(of injection authorization, surface pit permit #has been noted, approved and dulthis acknowledgment of transfer pertains to Kansas Corporation Commission records only and so or pit permit.
ne new operator and may continue to inject fluids as authorized o.: Recommended action	wledged as double permit double permitted by No.: is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
ate	Data
Authorized Signature	Date Authorized Signature
DISTRICTEPR 8/6/12	
Mail to: Past Operator	PRODUCTION 8-7-12 UIC 1-7-12 New Operator District
	District

Side Two

Must Be Filed For All Wells

KDOB I ease No .	202589	,			
*Lease Name:		*Location:	24 27 39 C		
Well No.	AP No. (YR DRLD/PRE '67)	Footage fro (i.e. FS:L = Fee	om Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	151870012800 ^J	2640 FSL	2640 FEL	GAS	Producing
				Property of the second	
	`.				
	1.				

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 Terrafore
☐ Oil Lease: No. of Oil Wells**	Effective Date of Transfer: July 1, 2012
☑ Gas Lease: No. of Gas1 **	KS Dept of Revenue Lease No.:
☐ Gas Gathering System:	Lease Name: <u>MATER B</u>
□ Saltwater Disposal Well - Permit No.:	<u>SE_Sec_24_Twp_27S_R_39W</u> □ E □ W
Spot Location:feet from □ N / □ S Line	Legal Description of Lease: Sec. 24 27S 39W SE Qtr.
feet from \square E / \square W Line	
☐ Enhanced Recovery Project Permit No.:	
Entire Project: □ Yes □ No	County: STANTON
	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) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	feet from □ N / □ S Line feet from □ E / □ W Line
☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	☐ 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	Phone281-366-7816 Date6/25/2012 Signature
Title Regulatory Compliance Advisor	Signature Nancy Filtywater
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	adament of transferred and duly
Date	
Authorized Signature	DateAuthorized Signature
DISTRICTEPR	PROPUSE AND ADDRESS OF THE PROPUSE AND ADDRESS O
Mail to: Past Operator New Oper	PRODUCTIONUIC
Maria	District

Side Two Must Be Filed For All Wells

KDOR Lease No.: _	ø∕ N/A I				
*Lease Name:	MATER B	*Location:	24 27 39 NW SE SI	<u> </u>	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from	m Section Line at from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
4	151872099800 ′	1250 FSL	1250 FEL	GAS	Producing

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.

	Effective Date of Transfer: July 1, 2012
Oil Lease: No. of Oil Wells**	
☑ Gas Lease: No. of Gas**	KS Dept of Revenue Lease No.: 206899
☐ Gas Gathering System:	Lease Name: <u>MATER B</u>
□ Saltwater Disposal Well - Permit No.:	<u> E2_</u> Sec_ <u>24_</u> Twp <u>_27S_</u> R_ <u>39W_</u> □ E □ W
Spot Location:feet from □ N / □ S Line	Legal Description of Lease: Sec. 24 27S 39W E2
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	
Entire Project: ☐ Yes ☐ No	County: STANTON
Number of injection wells	Production Zone(s):COUNCIL GROVE
Field NamePANOMA	Injection Zone(s):
"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 D N / D S Line 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 Company</u>	Contact Person: Lou Barry Room 3.142B WL-1
P.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor	Phone
Title Regulatory Supervisor New Operator's License No. 33999	Date
Title Regulatory Supervisor New Operator's License No33999 New Operator's Name & Address Line Operation L	Date
Title Regulatory Supervisor New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Contact Person: Nancy Fitzwater Phone281-840-4266 Oil/Gas Purchaser Date6/25/2012 Contact Person: Nancy Fitzwater
Title Regulatory Supervisor New Operator's License No. 33999 New Operator's Name & Address Line Operation Line	Date
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 Acknowledgment of Transfer: The above request for transfer to the standard of the standard of transfer.	Date
Title	Date
Title	Date 6/25/2012 Signature
Title	Date 6/25/2012 Signature
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 Acknowledgment of Transfer: The above request for transfer of injection a 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	Date 6/25/2012 Signature

Side Two Must Be Filed For All Wells

KDOR Lease No.: _	206899				
*Lease Name:		_ *Location:	24 27 39 C E2		
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet	n Section Line from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	151872004500 - 0 1 J	2565 FSL	1250 FEL	GAS	Producing
	7				
				_	

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.

Idress 1: P.O. Box 3092 Idress 2: P.O. Box 3092 Idress 2: P.O. State: Texas Zip: 77253 Intact Person: DeAnn Smyers Idress 2: P.O. Box 3092 Idress 2: P.O. Box 3092 Idress 3: P.O. Box 3092 Idress 4: P.O. Box 3092 Idress 5: P.O. Box 3092 Idress 6: P.O. Box 3092 Idress 7: P	County:Sec. 24 Twp. 27S R. 39W □East ☑ West County:STANTON Lease Name:MATER B Well #: If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: C, E2, SE Sec. 24 27S 39W				
dress 2: y: Houston State: Texas Zip: 77253 ntact Person: DeAnn Smyers one: (281) 366-4395 Fax: (281) 366-7836 ail Address: smyerscd@bp.com	County:STANTON Lease Name:MATER B Well #: If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
y: Houston State: Texas Zip: 77253 ntact Person: DeAnn Smyers one: (281) 366-4395 Fax: (281) 366-7836 ail Address: smyerscd@bp.com	If filing a Form T-1 for multiple wells on a lease, enter the lega description of the lease below:				
ntact Person:	description of the lease below:				
one: (281) 366-4395	description of the lease below:				
rface Owner Information:	description of the lease below:				
face Owner Information:	C, E2, SE Sec. 24 27S 39W				
	When filing a Form T-1 involving multiple surface owners, attach an additional				
dress 1:	sheet listing all of the information to the left for each surface owner. Surface				
dress 2:	owner information can be found in the records of the register of deeds for the				
.: State: Zip:	county, and in the real estate property tax records of the county treasurer.				
one of the following:	Act (House Bill 2032), I have provided the following to the surface of the Form C-1, Form CB-1, Form T-1, or Form mobeing filed is a Form C-1 or Form CB-1, the plat(s) required by				
I certify that, pursuant to the Kansas Surface Owner Nation	Set (III.				
owner(s) of the land upon which the subject well is or will be I	Act (House Bill 2032), I have provided the following to the surface				
CP-1 that I am filing in connection with this form: 2) if the for	m 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 access?	Lade to the control of the control o				
the KCC will be required to send this information to the	acknowledge that, because I have not provided this information,				
	recknowledge that, because I have not provided this information, se owner(s). To mitigate the additional cost of the KCC performing adding fee, payable to the KCC, which is enclosed with this form.				
ting the second and	o with this form.				
ing the second option, submit payment of the \$30.00 hand -1 form and the associated Form C-1, Form CB-1, Form T-1, c	lling fee with this form. If the fee is not received with this form, the or Form CP-1 will be returned.				
certify that the statements made herein are true and correct to					
mana marantare and correct to					
	Lou Barry Title: Regulatory Supervisor				

				*	
		i			
			·		

	Contract Con	SCOTT LARRY I & PATCY IO	JCOTT, CLAT B & NANCY J	SCOTT CLAVE & MANCE.	SNELL, WAYNE & MARJORIE		Name	
	7504 N BIG BOW GRADE		1773 N RO R	HESTER CARE		Address1 Address2		
JOHNSON	io in the second	ULYSSES	. i Ci Ci ilia Cola	HIJTCHINGON	City			
KS 67855	6/880	NS SA	67502		State ZIP			
24 27 39W	24 27 39W	AAEC '2	24 27 2014	Suy Age	j			

RECEIVED
JUL 0 3 2012
KCC WICHITA

SCANNED