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.: N/A
☐ Gas Lease: No. of Gas**	Lease Name: MAYER, A. SWDW
☐ Gas Gathering System:	<u>- NE</u> Sec <u>8 Twp_23S_R_33W</u> □ E □ W
☑ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 8 23S 33W NE Qtr.
Spot Location: <u>2891 FSL</u> feet from □ N / □ S Line	
486 FELfeet from □ E / □ W Line	070
☐ Enhanced Recovery Project Permit No.:	County: FINNEY 12
Entire Project: ☐ Yes ☐ No	Production Zone(s):
Number of injection wells	Production Zone(s): Kansas City
Field Name HUGOTON (SAS Acco. ** 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 O D Drilling
Past Operator's License No. 5952 Exp 6/50/12 Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253	Contact Person: Lou Barry Room 3.142B WL-1
Title Regulatory Supervisor	Signature Low Barray
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
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 permit	dgment of transfer pertains to Kansas Corporation Commission records only and
the new operator and may continue to inject fluids as authorized by Permit No.: Das.740 Recommended action No. 10.	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
Date 7-31-12 Authorized Signature	DateAuthorized Signature
DISTRICT EPR 7 3 0 1 2 Mail to: Past Operator 1~31-12 New Ope	PRODUCTION 8 10. 12 UIC 7-3 - 2 District 7-3 - 2 PRODUCTION 8 10. 12 UIC 7- 2 PRODUCTION 8 10. 12 UIC 7- 2 PRODUCTION 8 10. 12 UIC 7- 2 PRODUCTION 8 10. 12 UI
Mail to: KCC - Conservation Division, 1	30 S. Market - Room 2078, Wichita, Kansas 67202

KDOR Lease No.:	N/A Dr.				
*Lease Name:	MAYER, A. SWDW	*Locatio	n: <u>8 23 33 5</u>	SE SE NE	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from S (i.e. FS:L = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2 SWDW	150552191200	2891 FSL	486 FEL	Salt Water Facility	SW
i					
				. 100	
					19 -3 -18-8-
					. 3

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

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MUST be submitted with this form.

Ch	eck Applicable Boxes:	Effective Date	of Transfer:July 1, 2012	
	Oil Lease: No. of Oil Wells**	ì	enue Lease No.: N/A Dr	
	Gas Lease: No. of Gas**	ľ	MAYER SWDW	
	Gas Gathering System:		Sec_8_Twp23S_R_33W_□E□W	
Ø		1		
	Saltwater Disposal Well - Permit No.: D-27414 Spot Location: 2819 FSL feet from D N / D S Line	Legal Descriptio	n of Lease: Sec. 8 23S 33W NE Qtr.	
	77 FEL feet from DE / DW Line	·		
	Enhanced Recovery Project Permit No.:			
	Entire Project: □ Yes □ No		FINNEY	
	Number of injection wells		e(s):	
Fiel	d Name HUGOTON	Injection Zone(s):	
	** Side Two Must Be Completed.			
	for Dis Downis No.	<u> </u>		**
Sur	face Pit Permit No. (API No. if Drill Pit. WO or Haul)		_ feet from □ N / □ S Line feet from □ E / □ W Line	
□ 1	ype of Pit: ☐ Emergency ☐ Burn ☐ Settling	☐ Haul-Off	☐ Workover ☐ Drilling	
	t Operator's License No. <u>5952</u> t Operator's Name & Address <u>BP America Production Company</u>		Lou Barry Room 3.142B WL-1	
	Box 3092, Houston, TX 77253	Date 6/25/2	66-7816 012	
Title	Regulatory Supervisor		Lou Barry	
	Regulatory Supervisor	Signature		
Nev	v Operator's License No. 33999	Contact Person:	Nancy Fitzwater	
	v Operator's Name & Address <u>Linn Operating, Inc.</u> 600 Travis, Suite 5100 Houston, Texas 77002		40-4266 er	
		Date <u>6/25/201</u>		
Title	Regulatory Compliance Advisor	Signature	Nancy Fitzwater	
A = 1	mouded amount of Transfer. The share a second of the second			
	Inowledgment of Transfer: The above request for transfer of injection auditorded in the records of the Kansas Corporation Commission. This acknowled			
	s not convey any ownership interest in the above injection well(s) or pit perm			
	is acknowledged as	1	ic acknow	Modaod oo
	new operator and may continue to inject fluids as authorized by Permit	the new operator of	f the above named lease containing the	wledged as surface pit
No.:	Recommended action	permitted by No.:		
Date		Date		
	Authorized Signature		Authorized Signature	Pro-
	ISTRICTEPR	PRODUCTION	UIC	ElVE
N	lail to: Past Operator New Ope	rator	District	
	Mail to: KCC - Conservation Division, 1	30 S. Market - Room	2078, Wichita, Kansas 67202 7CC /	2012
				Chi.
			Authorized Signature UIC	"//4

KDOR Lease No.:	N/A Dr.					
*Lease Name:	MAYER SWDW	*Location: _	8 23 33 SE S	SE NE		
Well No.	AP No. (YR DRLD/PRE '67)	Footage from S (i.e. FS:L = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandor	ned)
1 SWDW	150552153100	2819 FSL	77 FEL	Salt Water Facility	Hugged 4250	7

A separate sheet may be attached if necessary.

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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.: 213782
☑ Gas Lease: No. of Gas**	Lease Name: MAYER B
□ Gas Gathering System:	
☐ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 8 23S 33W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from D E / D W Line	
☐ Enhanced Recovery Project Permit No.:	County:FINNEY
Entire Project: ☐ Yes ☐ No	Production Zone(s): CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON ** 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 □ 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:
New Operator's License No. <u>33999</u> New Operator's Name & Address <u>Linn Operating, Inc.</u> 600 Travis, Suite 5100 Houston, Texas 77002	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012
Title Regulatory Compliance Advisor	Signature
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 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	Date
Authorized Signature	Authorized Signature
DISTRICTEPRNew Ope	PRODUCTIONUICDistrictUIC
Mail to: KCC - Conservation Division, 13	Authorized Signature PRODUCTIONUIC

KDOR Lease No.:	213782				
*Lease Name:	MAYER B	*Location:	8 23 33 SE SW NE	E	
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)
2	150552067400)	2740 FSL	1370 FEL	GAS	Producing
Kalloude (
		-			

A separate sheet may be attached if necessary.

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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.: 220263
☑ Gas Lease: No. of Gas**	Lease Name: MAYER, A.
☐ Gas Gathering System:	
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 8 23S 33W SE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from \square E / \square W Line	
☐ Enhanced Recovery Project Permit No.:	County: FINNEY
Entire Project: ☐ Yes ☐ No	Production Zone(s): CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON *** Side Two Must Be Completed.	injection zone(s).
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 D 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> 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 Low 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 7ancy Fitzwater
	Signature
	uthorization, surface pit permit #has been noted, approved and duly dement 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	PRODUCTIONUIC
DISTRICTEPR	PRODUCTIONUICJUJ
Mail to: Past Operator New Ope	rator District
Mail to: KCC - Conservation Division, 1	30 S. Market - Room 2078, Wichita, Kansas 67202

KDOR Lease No.:	220263				
*Lease Name:	MAYER, A.	*Location:	8 23 33 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)
3HI	150552136600 /	1250 FSL	1250 FEL	GAS	Producing
		-			

A separate sheet may be attached if necessary.

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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.

	Well Location:
Name: BP America Production Company	Sec. 8 Twp. 23S R. 33W □East ☑ West
Address 1: P.O. Box 3092	County: FINNEY
Address 2:	Lease Name: MAYER, A. SWDW Well #:
City: Houston State: Texas Zip: 77253	
Contact Person: DeAnn Smyers	
Phone: (281) 366-4395	If filing a Form T-1 for multiple wells on a lease, enter the legal
Littali Address. Striyerscowpp.com	description of the lease below:
	NE, SE Sec. 8 23S 33W
Surface Owner Information:	Miles filing a Comp. T. d. insulaine and Minds and Minds
Name: See Surface Owner Attachment	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
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:	. , , , ,
-,	
•	
Select one of the following: I certify that, pursuant to the Kansas Surface Owner No.	otice Act (House Bill 2032), I have provided the following to the surface
Select one of the following: ☑ I certify that, pursuant to the Kansas Surface Owner Noowner(s) of the land upon which the subject well is or w	ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form
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 w CP-1 that I am filing in connection with this form; 2) if the subject well is or with this form; 2).	ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form he form being filed is a Form C-1 or Form CB-1, the plat(s) required by
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 w	ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form he form being filed is a Form C-1 or Form CB-1, the plat(s) required by
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 we CP-1 that I am filling in connection with this form; 2) if this form; and 3) my operator name, address, phone number of the following in the connection with this form; and 3) my operator name, address, phone number of the following:	ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form he form being filed is a Form C-1 or Form CB-1, the plat(s) required by
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone nut I have not provided this information to the surface owner.	ill 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 mber, fax, and email address.
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or we 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 owned the KCC will be required to send this information to the	ill 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 mber, fax, and email address. er(s). I acknowledge that, because I have not provided this information,
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or we CP-1 that I am filling in connection with this form; 2) if the this form; and 3) my operator name, address, phone nutled 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.	ill 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 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. O handling fee with this form. If the fee is not received with this form, the
Select one of the following: ☐ I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or worder. The connection with this form; 2) if this form; and 3) my operator name, address, phone nowner(s). ☐ 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 for KSONA-1 form and the associated Form C-1, Form CB-1, Form	ill 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 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. 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.
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or we CP-1 that I am filling in connection with this form; 2) if the this form; and 3) my operator name, address, phone nutled I have not provided this information to the surface owned 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 for choosing the second option, submit payment of the \$30.00 for choosing the second option, submit payment of the \$30.00 for choosing the second option, submit payment of the \$30.00 for choosing the second option, submit payment of the \$30.00 for choosing the second option, submit payment of the \$30.00 for choosing the second option, submit payment of the \$30.00 for choosing the second option, submit payment of the \$30.00 for choosing the second option and the associated Form C-1, Form CB-1, Form the choosing that the statements made herein are true and continued the second option.	ill 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 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. 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.
owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone number of 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 kSONA-1 form and the associated Form C-1, Form CB-1, Form thereby certify that the statements made herein are true and contains. Date: June 25, 2012 Signature of Operator or Agreements.	ill 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 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. 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.
I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone nutled 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 \$30.0 for choosing the second option, submit payment of the \$30.00 (SONA-1 form and the associated Form C-1, Form CB-1, Form thereby certify that the statements made herein are true and colored in the Sandal Signature of Operator or Against Signature of Operator O	ill 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 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. 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.
I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone nutled I have not provided this information to the surface owned the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30.0 for choosing the second option, submit payment of the \$30.0 for CSONA-1 form and the associated Form C-1, Form CB-1, Form thereby certify that the statements made herein are true and contact. ■ June 25, 2012 Signature of Operator or Agreements.	ill 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 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. O handling fee with this form. If the fee is not received with this form, the n T-1, or Form CP-1 will be returned. Determine the service of the best of my knowledge and belief. Title: Regulatory Supervisor

Surface Owner Attachment

Name	Address1	Address2	City	State	dIZ	Sec	Twp	7
HILL, EVELYN L	8545 N CHMELKA RD		носсомв	S	67851-9106	8	23	33W
HILL, PAUL D	8541 N CHMELKA RD		носсомв	S	67851-9106		23	33W
HILL, JOHN B & PAMELA S	2807 N 8TH ST		GARDEN CITY	S	67846-2769	&	23	33W
HILL, JOHN B & PAMELA S	5625 W MEADE RD		носсомв	S	67851-9129	8	23	33W
ROONEY, AMY C	PO BOX 512		GARDEN CITY	3	67846-0512	%	23	33W
BROWNING, ROY L & PATRICIA A	5325 W 7 MILE RD		HOLCOMB	KS	0806-15829	8	23	33W
SALAZAR, JOSE L	5337 W 7 MILE RD		HOLCOMB	S	67851-9080	8	23	33W
RODRIGUEZ, HECTOR M & LETICIA	305 N 13TH ST		GARDEN CITY	KS	67846-5105	8	23	33W
SCHAFER, JOHN A & ROXIE M	2802 HENDERSON DR		GARDEN CITY	KS.	67846-3769	8	23	33W
ROME, BLANCHE TRUST LE	Attn: MIKE ROME & PATTY KING	7925 W 9 MILE RD	носсомв	KS	67851-9084	8	23	33W
ROME, ANTON J & MURIEL L TRUSTS	801 PATS DR		GARDEN CITY	KS.	67846-5848	8	23	33W
MARTIN, SCOTT A & TAMARA L	5485 W 6 MILE RD		HOLCOMB	S	67851-9076	&	23	334

JUL 03 ZOIZ
CO WICHITA