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.: 207002
☑ Gas Lease: No. of Gas**	Lease Name: SEIBERT
□ Gas Gathering System:	<u></u>
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 8 23S 36W S2
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: KEARNY
Entire Project: ☐ Yes ☐ No	Production Zone(s): COUNCIL GROVE
Number of injection wells	Injection Zone(s):
Field Name PANOMA *** Side Two Must Be Completed.	to er F:
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 □ Haul-Off □ Fridge
Past Operator's License No. 5952 EXP 6/35/2 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. 33999 New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser
Title Regulatory Compliance Advisor	Date 6/25/2012 Signature Mancy Fitzwaler
Acknowledgment of Transfer: The above request for transfer of injection autrecorded 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	Igment of transfer pertains to Kansas Corporation Commission records only and
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 Authorized Signature	Date Authorized Signature
	PRODUCTION 7. 3/. /2 UIC 7-31-12
Mail to: Past Operator New Oper	ratorDistrict
Mail to: KCC - Conservation Division, 13	Authorized Signature PRODUCTION 7. 3/. /2 UIC 7-3/-\2 rator District UL 03 2012 80 S. Market - Room 2078, Wichita, Kansas 67202 **CC WICHITA**

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	207002	<u> </u>	_		
*Lease Name:	SEIBERT	*Location:	<u>8 23 36 S2</u>		
Well No.	AP No. (YR DRLD/PRE '67)		om Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150932053400./	1320 FSL	2590 FEL	GAS	Producing
	- 				
		-		A second desired	

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.: 219892
☑ Gas Lease: No. of Gas**	Lease Name: SEIBERT
Gas Gathering System:	<u>NW_</u> Sec <u>8_Twp23S_R_36W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 8 23S 36W NW Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: KEARNY
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.	feet from □ N / □ S Line
(API No. if Drill Pit. WO or Haul) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	feet from □ E / □ W Line □ Haul-Off □ Workover □ Drilling
Past Operator's License No. <u>5952</u>	Contact Person: Lou Barry Room 3.142B WL-1
Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253	Phone <u>281-366-7816</u> Date 6/25/2012
Title Regulatory Supervisor	Signature Low Barry
New Operator's License No. 33999	Contact Person: Nancy Fitzwater
New Operator's Name & Address Linn Operating, Inc.	Phone 281-840-4266
600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser Date 6/25/2012
itle Regulatory Compliance Advisor	Signature Nancy Filtzwaler
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 at.
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.:
DateAuthorized Signature	Date Authorized Signature PRODUCTION UIC rator District O 2 Market & Reserved States Market Ma
	PRODUCTIONUIC
Mail to: Past Operator New Ope	rator District

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

Side Two Must Be Filed For All Wells

KDOR Lease No.:	219892	/	-		
*Lease Name:	SEIBERT	*Location:	8 23 36 NE SE NW	<u>/</u>	
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	150932132200	1450 FNL	2380 FWL	GAS	Producing
 		·			
			-		
		-	-		
			-		
				. 4,000,000	
			-		

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.: 226488
☑ Gas Lease: No. of Gas**	Lease Name: <u>SEIBERT</u>
□ Gas Gathering System:	<u>SW_</u> Sec_8_Twp <u>23S_R_36W</u> □E□W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 8 23S 36W SW Qtr.
Spot Location:feet from □ N / □ S Line	
feet from \square E / \square W Line	
□ Enhanced Recovery Project Permit No.:	County: KEARNY
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.	feet from \square N / \square S Line
(API No. if Drill Pit. WO or Haul) ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	feet from □ E / □ W Line □ Haul-Off □ Workover □ Drilling
Past Operator's License No. 5952	Contact Person: Lou Barry Room 3.142B WL-1
Past Operator's Name & AddressBP America Production Company P.O. Box 3092, Houston, TX 77253	Phone <u>281-366-7816</u> Date <u>6/25/2012</u>
Title Regulatory Supervisor	Signature Low Barry
New Operator's License No. 33999	Contact Person:Nancy Fitzwater
New Operator's Name & Address Linn Operating, Inc.	Phone 281-840-4266
600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser Date 6/25/2012
Title Regulatory Compliance Advisor	Signature Nancy Zitywater
·	uthorization, surface pit permit #has been noted, approved and duly edgment of transfer pertains to Kansas Corporation Commission records only and nit.
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.:
	Δ.
Date Authorized Signature	Date Authorized Signature
	Authorized Signature
DISTRICTEPRNew OperatorNew OperatorNew OperatorNew OperatorNew OperatorNew OperatorNew OperatorNew Operator	PRODUCTIONUICUICUIC
	PRODUCTION UIC District Solution District Distri

Side Two Must Be Filed For All Wells

KDOR Lease No.:	226488				
*Lease Name:	SEIBERT	*Location:	8 23 36 SW NE SV	N	
Well No,	AP No. (YR DRLD/PRE '67)	-	m Section Line t from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
4	150932176100 /	1375 FSL	1360 FWL	GAS	Producing
	Address of the Section 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.

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 Name: BP America Production Company Address 1: P.O. Box 3092	Well Location:Sec. 8_Twp. 23S_R. 36W_□East ☑ West County:KEARNY
Address 2:	Lease Name: <u>SEIBERT</u> Well #:
City: Houston State: Texas Zip: 77253	
Contact Person: <u>DeAnn Smyers</u>	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>	NW, S2, SW Sec. 8 23S 36W
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:	
Select one of the following:	Notice 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 Nowner(s) of the land upon which the subject well is or very	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 the form being filed is a Form C-1 or Form CB-1, the plat(s) required by number, 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 with CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone now I have not provided this information to the surface own the KCC will be required to send this information to the	will 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 umber, fax, and email address. Ther(s). I acknowledge that, because I have not provided this information, a surface owner(s). To mitigate the additional cost of the KCC performing
owner(s) of the land upon which the subject well is or v CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone not I have not provided this information to the surface own the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30.	will 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 umber, fax, and email address. ner(s). I acknowledge that, because I have not provided this information, e surface owner(s). To mitigate the additional cost of the KCC performing 0.00 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 Nowner(s) of the land upon which the subject well is or voce CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone now the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30 of the second option, submit payment of the \$30.0 kSONA-1 form and the associated Form C-1, Form CB-1, Form	will 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 umber, fax, and email address. Ther(s). I acknowledge that, because I have not provided this information, a surface owner(s). To mitigate the additional cost of the KCC performing 0.00 handling fee, payable to the KCC, which is enclosed with this form. The handling fee with this form. If the fee is not received with this form, the fam 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 vocation of the land upon which the subject well is or vocation of the land upon which the subject well is or vocation of the land upon with this form; 2) if this form; and 3) my operator name, address, phone not like land land land land land land land land	will 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 umber, fax, and email address. Ther(s). I acknowledge that, because I have not provided this information, a surface owner(s). To mitigate the additional cost of the KCC performing 0.00 handling fee, payable to the KCC, which is enclosed with this form. The handling fee with this form. If the fee is not received with this form, the fam T-1, or Form CP-1 will be returned.

Surface Owner Attachment

							S	• 1
Name	Address1	Address2	City	State	ZIP	Sec	Twp.	Rng
SEIBERT, GALE R & MARY B	2007 DOWNING		GARDEN CITY	ĸs	67846	8	23	36W
URIE, NORMAN K	2449 HWY 25		LAKIN	KS	67860	8	23	36W
MICHEL, VICTOR L & VIVIAN L TRUST	PO BOX 367		LAKIN	KS	67860	8	23	36W
SEIBERT, HARRY L TRUST	PO BOX 567		MACKSVILLE	KS	67557	8	23	36W

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