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 Applie	cable Boxes:	Effective Date of Transfer: July 1, 2012
□ Oil Lea	se: No. of Oil Wells**	KS Dept of Revenue Lease No.: 203552
☑ Gas Le	ease: No. of Gas**	Lease Name: STAPLETON A
☐ Gas Ga	athering System:	<u>NW_</u> Sec_6_Twp <u>31S_R32W_</u>
□ Saltwat	ter Disposal Well - Permit No.:	Legal Description of Lease:Sec. 6 31S 32W NW Qtr.
Spot Lo	ocation:feet from □ N / □ S Line	
	feet from □ E / □ W Line	
☐ Enhanc	ced Recovery Project Permit No.:	County: SEWARD
	Project: □ Yes □ No	
	er of injection wells	, N
Field Name_	HUGOTON	l a
_	** Side Two Must Be Completed.	p. p
Surface Pit F	Permit No. (API No. if Drill Pit. WO or Haul)	feet from □ N / □ S Line feet from □ E / □ W Line □ Haul-Off □ Workover   □ Drilling □
☐ Type of P	·	☐ Haul-Off ☐ Workover D ☐ Drilling
Past Operate	or's License No 5952 FXD (4/3/1/2	Contact Person:Lou Barry Room 3.142B WL-1
Past Operate	or's License No. <u>5952 FXP (a/36)//2</u> or's Name & Address <u>BP America Production Company</u>	Phone281-366-7816
P.O. Box 30	92, Houston, TX 77253	Date6/25/2012
Title Re	egulatory Supervisor	Signature Lou Barry
New Operato	or's License No. 33999	Contact Person: Nancy Fitzwater
	or's Name & Address Linn Operating, Inc.	Phone <u>281-840-4266</u>
600 Trav	is, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser
Title Rec	gulatory Compliance Advisor	Date <u>6/25/2012</u>
True <u>neg</u>	quiatory Compliance Auvisor	Signature Mancy Fitzwaler
Acknowled	gment of Transfer: The above request for transfer of injection as	uthorization, surface pit permit #has been noted, approved and dul-
		dgment of transfer pertains to Kansas Corporation Commission records only and
does not con	nvey any ownership interest in the above injection well(s) or pit perm	it.
	in and manufactured an	1 :
the new ope	is acknowledged as erator and may continue to inject fluids as authorized by Permit	the new operator of the above named lease containing the surface pit
•	Recommended action	permitted by No.:
Date		Date
	Authorized Signature	Authorized Signature
DISTRICT	EPR 7/30/12	PRODUCTION 7.3/./2 UIC 7-31-12
Mail to: Pa	ast Operator New Ope	eratorDistrict
	Mail to: KCC - Conservation Division, 1	PRODUCTION 7.3/. / 2. UIC 7-3\-\(\frac{1}{2}\) Prator District CC VIC.  30 S. Market - Room 2078, Wichita, Kansas 67202

# Side Two Must Be Filed For All Wells

KDOR Lease No.: _	203552				
*Lease Name:	STAPLETON A	*Location	n: <u>6 31 32 SE S</u>	SE SE NW	
Well No. 4 ,	AP No. (YR DRĽD/PRE '67)		n Section Line from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	151750043200 /	2490 FNL	2490 FWL	GAS	Producing
	,				
·					
, and the second					

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

#### 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.

Select the corresponding form being filed:   C-1 (Intent)	CB-1 (Cathodic Protection Borehole Intent) ☑ T-1 (Transfer) □ CP-1 (Plugging Application)
OPERATOR: License # 5952  Name: BP America Production Company  Address 1: P.O. Box 3092  Address 2:	Well Location:Sec. 6 Twp. 31S R. 32W □ East ☑ West County:SEWARD Lease Name:STAPLETON A Well #:  If filing a Form T-1 for multiple wells on a lease, enter the legal
Phone: (281) 366-4395 Fax: (281) 366-7836  Email Address:smyerscd@bp.com	description of the lease below:  NW Sec. 6 31S 32W
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 county, and in the real estate property tax records of the county treasurer.
and the KCC with a plat showing the predicted locations of le on the plat are preliminary non-binding estimates. The locatio may be submitted.	-1 (Cathodic Protection Borehole Intent), you must supply the surface owners tase roads, tank batteries, pipelines, and electrical lines. The locations shown ons may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
Select one of the following:	
owner(s) of the land upon which the subject well is or v	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 umber, fax, and email address.
the KCC will be required to send this information to the	ner(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.
If choosing the second option, submit payment of the \$30.0 KSONA-1 form and the associated Form C-1, Form CB-1, Form	00 handling fee with this form. If the fee is not received with this form, the m T-1, or Form CP-1 will be returned.
I hereby certify that the statements made herein are true and c	correct to the best of my knowledge and belief.
Date: June 25, 2012 Signature of Operator or A	gent: Lou Barry Title: Regulatory Supervisor

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

RECEIVED
JUL 03 2012
KCC WICHITA

Form KSQNA-1

Form Must be Typed Form Must be Signed

All blanks must be Filled

July 2010

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Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rne
STAPLETON, SHAWN D & SUSAN K	PO BOX 1190		SUBLETTE	ĸ	67877-1190	6	31	321
STAPLETON, SHAWN D & SUSAN K	PO BOX 1190		SUBLETTE	ß	67877	6	31	324
STAPLETON, JOYCE	113 DIAMOND HILL DR		GARDEN CITY	S	67846	6	31	32
CARLSON, LAVERNE AND PENELOPE LIV TR	17 LAKE LYNNWOOD		LYNN CENTER	IL	61272	6	31	32W
STAPLETON, HAROLD	113 DIAMOND HILL DR		GARDEN CITY	KS	67846	6	31	32W

Sec TWE 03 2012
6 31 32W
6 31 32W
6 31 32W
7 CHITA