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.: 0 N/A
☑ Gas Lease: No. of Gas**	Lease Name: BLACK A
☐ Gas Gathering System:	<u>NW_Sec_17_Twp30S_</u> R_ <u>33W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 17 30S 33W NW Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: HASKELL C
Entire Project: ☐ Yes ☐ No	l
Number of injection wells	Production Zone(s): CHASE
Field NameHUGOTON	to
** Side Two Must Be Completed.	n n n n n n n n n n n n n n n n n n n
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 Phone281-366-7816 Date6/25/2012 Signature
	RECEIVED
New Operator's License No. 33999 Linn Operating, Inc.	Contact Person: Nancy Fitzwater Phone 281-840-4266 Di/Gas Purchaser UL 0 3 2012
600 Travis, Suite 5100 Houston, Texas 77002	Chrade Falchaes
Title Regulatory Compliance Advisor	Date 6/25/2012 Signature Mancy Titywater KCC WICHITA
	uthorization, surface pit permit #has been noted, approved and duly dgment of transfer pertains to Kansas Corporation Commission records only and
DISTRICTEPR	PRODUCTION

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

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	0 N/A	<u>y</u>			
*Lease Name:	BLACK A	*Location:	17 30 33 C NW		
Well No.	AP No. (YR DRLD/PRE '67)		m Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150812042500 /	3960 FSL	3960 FEL	GAS	Producing
			- *************************************		
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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

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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

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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.: 0 N/A
☑ Gas Lease: No. of Gas**	Lease Name: BLACK A
☐ Gas Gathering System:	<u>NE_</u> Sec_ <u>17_</u> Twp <u>30S_R33W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 17 30S 33W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from \square E / \square W Line	
☐ Enhanced Recovery Project Permit No.:	County: HASKELL
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. (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 \square Haul-Off \square Workover \square Drilling
Past Operator's License No5952 Past Operator's Name & AddressBP America Production Compare P.O. Box 3092, Houston, TX 77253 TitleRegulatory Supervisor	Date 6/25/2012
	RECEIVED
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 JUL 0 3 2012 Oil/Gas Purchaser
Title Regulatory Compliance Advisor	
	ection authorization, surface pit permit #has been noted, approved and ducknowledgment of transfer pertains to Kansas Corporation Commission records only an pit permit.
the new operator and may continue to inject fluids as authorized by No.: Recommended action	
Date	Date
Authorized Signature	Authorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator N	New Operator District

Side Two Must Be Filed For All Wells

KDOR Lease No.:	0 N/A	or			
*Lease Name:			17 30 33 C NW NE		
Well No.	AP No.		m Section Line It from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
3HI	150812048900/	4620 FSL	1980 FEL	GAS	Producing
				<u></u>	

¥7			Salari Maria Carrieri Ari		
			·	- And the Annual Property	

			- ABSENTATION TO THE TOTAL TO T		

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	Well Location:
Name: BP America Production Company	Sec. <u>17</u> Twp. <u>30S</u> R. <u>33W</u> □East ☑ West
Address 1: P.O. Box 3092	County: HASKELL
Address 2:	Lease Name:BLACK 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. 17 30S 33W
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:	
	ise roads, tank batteries, pipelines, and electrical lines. The locations shown is may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
nay be submitted.	
elect 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	RECEI otice Act (House Bill 2032), I have provided the following to the surfable 0; ill be located: 1) a copy of the Form C-1. Form CB-1. Form T-1. or Form
inay be submitted. if elect 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	RECEI citice Act (House Bill 2032), I have provided the following to the surfable 0; 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) require C W
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 wi CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone nur I have not provided this information to the surface owned the KCC will be required to send this information to the series.	RECEI citice Act (House Bill 2032), I have provided the following to the surfable 0; 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) require C W
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 wi CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone nur I have not provided this information to the surface owner the KCC will be required to send this information to the surface owner 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.	RECEI citice Act (House Bill 2032), I have provided the following to the surfable 0; iill 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) requirect with 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 to 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
ielect 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 CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone nur I have not provided this information to the surface owner the KCC will be required to send this information to the stask, I acknowledge that I am being charged a \$30.00.	RECEI Detice 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 the form being filed is a Form C-1 or Form CB-1, the plat(s) requirect with mber, fax, and email address. Detection are the form calculated by the form C-1 or Form CB-1, the plat(s) requirect with mber, fax, and email address. Detection are the form calculated by the form calculated

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

Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rng
POPPE, JORJA L REVOC TRUST	1522 COLUMBINE DRIVE		JUNCTION CITY	KS	66441	17	30	33W
BLACK, DENNIS L	769 HIGHWAY 56		SATANTA	KS	67870	17	30	33W

RECEIVED
JUL 03 2012
KCC WICHITA