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.: 200196
☑ Gas Lease: No. of Gas**	Lease Name: BRASFIELD
□ Gas Gathering System:	<u>NE_Sec_34_Twp29S_R_38W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 34 29S 38W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
□ Enhanced Recovery Project Permit No.:	County: GRANT
Entire Project: ☐ Yes ☐ No	Production Zana/a): CHASE
Number of injection wells	Injection Zone(s):
Field NameHUGOTON	injection Zone(s).
Surface Pit Permit No.	feet from □ N / □ S Line
(API No. if Drill Pit. WO or Haul)	feet from $\square$ E / $\square$ W Line
□ Type of Pit: □ Emergency □ Burn □ Settling	☐ Haul-Off ☐ Workover 👌 🤁 ☐ Drilling
Past Operator's License No. <u>5952</u> <b>EXP 6/30/12</b> Past Operator's Name & Address <u>BP America Production Company</u> P.O. Box 3092, Houston, TX 77253  Title Regulatory Supervisor	Contact Person: Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012 Signature RECEIVED
New Operator's License No. 33999	Contact Person: Nancy Fitzwater JUL 0 2 2012
New Operator's Name & AddressLinn Operating, Inc.	Phone 281-840-4266
600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser KCC Wichter
Title Regulatory Compliance Advisor	Date 6/25/2012  Signature   Nancy Titywater
	Signature 70000
recorded in the records of the Kansas Corporation Commission. This acknowle does 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	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
DateAuthorized Signature	Date Authorized Signature
Authorized Signature	Authorized Signature
DISTRICTEPR8/28/12	PRODUCTION 2-29-12 UIC 8-29-12
Mail to: Past Operator New Ope	erator District

### Side Two Must Be Filed For All Wells

KDOR Lease No.:	200196			4.4	
*Lease Name:	BRASFIELD	*Location: _	34 29 38 SW S	W SW NE	
Well No.	AP No. (YR DRLD/PRE '67)		Section Line from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	150670048400 🗸	2746 FSL	2534 FEL	GAS	Producing
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
					•
			· .		
			· 		

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.

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.: 221759
☑ Gas Lease: No. of Gas**	Lease Name: BRASFIELD
☐ Gas Gathering System:	<u>-NW_</u> Sec_34_Twp29S_R_38W_□ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 34 29\$ 38W NW Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: GRANT
Entire Project: ☐ Yes ☐ No	Production Zone(s):CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON	
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 No5952  Past Operator's Name & Address	Contact Person: Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012  Signature RECEIVED  Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012  Signature RECEIVED  KCC WICHITA
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 perm 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
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator New Ope	erator District

### Side Two Must Be Filed For All Wells

KDOR Lease No.:	221759	<del></del>			
*Lease Name:	BRASFIELD	*Location: _	34 29 38 SE NV	N NW	
Well No.	AP No. (YR DRLD/PRE '67)		n Section Line from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
4HI	150672140000 🗸	1315 FNL	1250 FWL	GAS	Producing
	z <u>alice</u>				
		<u> </u>			

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 Transfer: July 1, 2012
□ Oil Lease: No. of Oil Wells	** KS Dept of Reve	nue Lease No.: 206664
☑ Gas Lease: No. of Gas**	Lease Name:	BRASFIELD
☐ Gas Gathering System:		c_34_Twp29S_R_38W_□ E □ W
☐ Saltwater Disposal Well - Permit No.:	Legal Description	of Lease: Sec. 34 29S 38W E2
Spot Location:feet from □ N / □ S Line	·	
feet from $\square$ E / $\square$ W Line		
☐ Enhanced Recovery Project Permit No.:	County: G	RANT
Entire Project: ☐ Yes ☐ No	Production Zone	(s): COUNCIL GROVE
Number of injection wells	Injection Zone(s)	:
Field Name PANOMA		
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 □ Workover □ Drilling
Past Operator's License No5952 Past Operator's Name & AddressBP America Production P.O. Box 3092, Houston, TX 77253  TitleRegulatory Supervisor	Phone <u>281-36</u> Date <u>6/25/20</u>	Lou Earry
New Operator's License No. <u>33999</u>		Nancy Fitzwater RECEIVED
New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002		10-4266 JUL 0 2 2012
	Date <u>6/25/201</u> 2	Mancy Fitzmator KCC WICHITA
Title Regulatory Compliance Advisor	Signature	Nancy Fitzwator VICHITA
Acknowledgment of Transfer: The above request for transfer recorded in the records of the Kansas Corporation Commission does not convey any ownership interest in the above injection we is active new operator and may continue to inject fluids as author	n. This acknowledgment of transfer per vell(s) or pit permit.  knowledged as	
No.: Recommended action		
Date Authorized Signature	Date	Authorized Signature
DISTRICTEPR	PRODUCTION	
Mail to: Past Operator	New Operator	District

### Side Two Must Be Filed For All Wells

KDOR Lease No.:	206664				
*Lease Name:		*Location:	34 29 38 C E2		
Well No.	AP No. (YR DRLD/PRE '67)		section Line from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150672015100 🗸	2590 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.

### 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.

Name: BP America Production Company Address 1: P.O. Box 3092	
Address 1 P.O. Box 3092	Sec. <u>34</u> Twp. <u>29S</u> R. <u>38W</u> □East ☑ West
103,000 1: <u>1.70: DOX 0002</u>	County: GRANT
Address 2:	Lease Name: BRASFIELD 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>	E2, NE, NW Sec. 34 29S 38W
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:	
lect one of the following:	R
I certify that, pursuant to the Kansas Surface Owner N owner(s) of the land upon which the subject well is or w	otice Act (House Bill 2032), I have provided the following to the surface rill 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 comber, fax, and email address.
the KCC will be required to send this information to the	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
choosing the second option, submit payment of the \$30.0 CONA-1 form and the associated Form C-1, Form CB-1, Form	•
	n T-1, or Form CP-1 will be returned.

METCALF, RYAN T	SCHMIDT, LOREN L & KIMBERLY K	YOUNG, NANCY K	EVANS, ETHEL MAE	OXAIRLTD	HOPPENSTEDT, ARLYN D & CHERI B JT	GRANT CO CEMETERY DIST	Name	Surface Owner Attachment
7483 S RD E	7488 S RD D	PO BOX 847	7603 S RD E	PO BOX 10	7035 S RD E	108 S GLENN ST	Address1	
							Address2	
ULYSSES	ULYSSES	ULYSSES	ULYSSES	ULYSSES	ULYSSES	ULYSSES #	Ş.	RECEIVED JUL 0 2 2012 C WICHITA
ઢ	ĸ	ĸ	75	ĸ	ß	ß	State	
67880	67880	67880	67880	67880	67880	67880	ΖIP	
34	34	34	34	34	34	34	æ	
29	29	29	29	29	29	29	Twp	
38W	38W	38W	38W	38W	38W	38W	Rng	