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.

	Gas Gathering System:	<u>NE</u> Sec_2_Twp29S_R_39W_□ E□W
	Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 2 29S 39W NE Qtr. 5
	Spot Location:feet from □ N / □ S Line	Legal Description of Lease: <u>Sec. 2 29S 39W NE Qtr.</u> 등
_	feet from □ E / □ W Line	
	Enhanced Recovery Project Permit No.:	County: STANTON D
	Entire Project:	Production Zone(s): CHASE
	Number of injection wells NameHUGOTON	Injection Zone(s):
	ce Pit Permit No. (API No. if Drill Pit. WO or Haul) pe 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	Contact Person:Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012 SignatureLou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012
New 60	Operator's License No33999 — Operator's Name & AddressLinn Operating, Inc. 00 Travis, Suite 5100 Houston, Texas 77002 Regulatory Compliance Advisor	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 Signature Mancy Titywater
recor		thorization, surface pit permit #has been noted, approved and duly dgment of transfer pertains to Kansas Corporation Commission records only and t.
	ew operator and may continue to inject fluids as authorized by Permit Recommended action	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
 Date	Authorized Signature	Date Authorized Signator PRODUCTION PRODUCTION District District Property of the above named lease containing the surface pit permitted by No.: District Distr
		, tallionized orgination
	STRICT EPR 9/2//2	PRODUCTION 9.26.12 UIC 9-24-2 WID

Side Two Must Be Filed For All Wells

KDOR Lease No.:	200202				
*Lease Name:	BROWN B	*Location:	2 29 39 SW NE		
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)
1	151870017500	2640 FSL	2640 FEL	GAS	Producing
					<u> </u>
	•/				
					
					·

A separate sheet may be attached if necessary, \cdot , \cdot , \cdot

^{*}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.: 217659
☑ Gas Lease: No. of Gas**	Lease Name:BROWN B
□ Gas Gathering System:	
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 2 29S 39W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	Country STANITON
Entire Project: ☐ Yes ☐ No	County: STANTON
•	Production Zone(s):CHASE
Number of injection wells Field NameHUGOTON	Injection Zone(s):
** Side Two Must be Completed	
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 No5952 Past Operator's Name & AddressBP America Production Company P.O. Box 3092, Houston, TX 77253 TitleRegulatory Supervisor New Operator's License No33999 New Operator's Name & AddressLinn Operating, Inc600 Travis, Suite 5100 Houston, Texas 77002 TitleRegulatory Compliance Advisor 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	•
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	
DISTRICTEPR	PRODUCTIONUICJII
Mail to: Past Operator New Ope	ratorDistrict
	PRODUCTION UIC District 30 S. Market - Room 2078, Wichita, Kansas 67202

Side Two Must Be Filed For All Wells

KDOR Lease No.:	217659				
*Lease Name:	BROWN B	*Location:	2 29 39 SW NE N	<u>IE</u>	
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)
3HI	151872050200 /	4030 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.

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.: 206673
☑ Gas Lease: No. of Gas**	Lease Name: BROWN B
□ Gas Gathering System:	
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 2 29S 39W N2
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: STANTON
Entire Project: ☐ Yes ☐ No	Production Zone(s): COUNCIL GROVE
Number of injection wells	
Field Name PANOMA	
Surface Pit Permit No.	feet from □ N / □ S Line
(API No. if Drill Pit. WO or H □ Type of Pit: □ Emergency □ Burn	Haul) feet from □ E / □ W Line □ Settling □ Haul-Off □ Workover □ Drilling
Past Operator's License No. <u>5952</u> Past Operator's Name & Address <u>BP America Prod</u> P.O. Box 3092, Houston, TX 77253 Title <u>Regulatory Supervisor</u>	Contact Person: Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012 Signature Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012
New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Ir 600 Travis, Suite 5100 Houston, Texas 77002 Title Regulatory Compliance Advisor	Oil/Gas Purchaser Date6/25/2012
-	transfer of injection authorization, surface pit permit #has been noted, approved and duly ission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and action well(s) or pit permit.
the new operator and may continue to inject fluids as a No.: Recommended action	is acknowledged as authorized by Permit the new operator of the above named lease containing the surface pit permitted by No.:
Date Authorized Sign	Date PRODUCTION New Operator The new operator of the above named lease containing the surface pit permitted by No.: Authorized Signature PRODUCTION UIC New Operator District
DISTRICTEPR	PRODUCTION UIC W/O.
Mail to: Past Operator	New Operator 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.:	206673	
*Lease Name:	BROWN B	*Location:

KDOM Lease No	200010				
*Lease Name:	BROWN B	*Location:	2 29 39 N2		
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	151872006000 √	1250 FNL	2590 FWL	GAS	Producing
		_			
12 cm P 44 1					
100					
Alexander and a second a second and a second a second and		-			

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. 2_Twp. 29S R. 39W □East ☑ West
Address 1: P.O. Box 3092	County: STANTON
Address 2:	Lease Name: BROWN B 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	
	N2, NE Sec. 2 29S 39W
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:	
elect one of the following:	
Telect one of the following: ☐ I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if	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 f the form being filed is a Form C-1 or Form CB-1, the plat(s) required by
owner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone in	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 owner(s) of the land upon which the subject well is or CP-1 that I am filling 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 ow 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 f the 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 owner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone in I have not provided this information to the surface ow 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 f the form being filed is a Form C-1 or Form CB-1, the plat(s) required by number, fax, and email address. Inter(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 owner(s) of the land upon which the subject well is or CP-1 that I am filling in connection with this form; 2) if this form; and 3) my operator name, address, phone in I have not provided this information to the surface ow 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 f the form being filed is a Form C-1 or Form CB-1, the plat(s) required by number, fax, and email address. Iner(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. On handling fee with this form. If the fee is not received with this form, the from T-1, or Form CP-1 will be returned.
I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if this form; and 3) my operator name, address, phone in I have not provided this information to the surface ow the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30 for choosing the second option, submit payment of the \$30. ASONA-1 form and the associated Form C-1, Form CB-1, Form the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statements made herein are true and the content of the statement of the statements made herein are true and the content of the statement	will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by number, fax, and email address. Inter(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. On handling fee with this form. If the fee is not received with this form, the rm T-1, or Form CP-1 will be returned.

Name	Address1	Address2	Çţ.	State	ZIP	Sec	Q.A.L	Rnø
KLIEWER, DAVID H & EMMA JEAN	11525 E RD 14		NOSNHOC	KS	67855	r	ž	30,4
DUVALL, MARIAN S	418 NW WIMBLETON CT		BLUE SPRINGS	9	64014-3167	2	۶	39/
ADM-COLLINGWOOD GRAIN INC TAX V-599798 V10	PO BOX 1470		DECATUR	=	62525-1470	,	2	No.
ADM-COLLINGWOOD GRAIN INC TAX V-599798 V10	BOX 280		NOSNHOI	Ķ	67855-0280	,	i e	30%
KLIEWER, EDNA N TRUST	11525 E RD 14		NOSNHOR	হ	67855	2 2	2 8	39W

