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.: 200625 |
| ☑ Gas Lease: No. of Gas** | Lease Name: CRAREY, ROBERT |
| □ Gas Gathering System: | <u>SW_Sec_13_Twp28S_R_39W_</u> □ E □ W |
| □ Saltwater Disposal Well - Permit No.: | Legal Description of Lease: Sec. 13 28S 39W SW Qtr. |
| Spot Location:feet from □ N / □ S Line | |
| · — | |
| feet from 🗆 E / 🗆 W Line | 7 |
| ☐ Enhanced Recovery Project Permit No.: | County: STANTON CHASE |
| Entire Project: ☐ Yes ☐ No | |
| Number of injection wells | Injection Zone(s): |
| Field Name | arey |
| Surface Pit Permit No. | feet from D N / D S Line feet from E / D W 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 OR □ Drilling H |
| Past Operator's License No. 5952 Exp (a)30 /2 Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor | Contact Person: Lou Barry Room 3.142B WL-1 pt. Phone 281-366-7816 Date 6/25/2012 Signature Low Barry |
| New Operator's License No. 33999 | Contact Person: Nancy Fitzwater RECEIVED |
| New Operator's Name & Address Linn Operating, Inc. | Phone 281-840-4266 |
| 600 Travis, Suite 5100 Houston, Texas 77002 | Oil/Gas Purchaser |
| Title Regulatory Compliance Advisor | Signature Mancy FiltzwalkCC WICHITA |
| 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 permit is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action | dgment of transfer pertains to Kansas Corporation Com mission records only ar |
| Date Authorized Signature DISTRICT EPR 8/21/12 | PRODUCTION 8.28.12uic 8-28-12 |
| Mail to: Past Operator New Ope | |

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

Side Two Must Be Filed For All Wells

| KDOR Lease No.: | 200625 | Ry | | | |
|-----------------|-----------------------------|----------|------------------------------------|-----------------------------------|--------------------------------------|
| *Lease Name: | CRAREY, ROBER | *Loc | eation: <u>13 28 3</u> | 9 NE NE SW | |
| 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) |
| 1 | 151870036300 √ | 2310 FSL | 2970 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.

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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.: 207809 |
| ☑ Gas Lease: No. of Gas** | Lease Name: CRAREY, ROBERT |
| ☐ Gas Gathering System: | N2 Sec_13 Twp_ 28S_R 39W □ E □ W |
| □ Saltwater Disposal Well - Permit No.: | Legal Description of Lease: Sec. 13 28S 39W N2 |
| Spot Location:feet from □ N / □ S Line | |
| feet from □ E / □ W Line | |
| | |
| ☐ Enhanced Recovery Project Permit No.: | County: STANTON |
| Entire Project: | Production Zone(s): COUNCIL GROVE |
| Number of injection wells | Injection Zone(s): |
| Field NamePANOMA | |
| 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> 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 Low Barry |
| Tribe Tragulatory Supervisor | RECEIVED |
| 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 JUL 0 3 20 Phone 281-840-4266 Oil/Gas Purchaser |
| Title Regulatory Compliance Advisor | Date 6/25/2012 KCC WICH! Signature |
| Acknowledgment of Transfer: The above request for transfer of injection a recorded in the records of the Kansas Corporation Commission. This acknowledges not convey any ownership interest in the above injection well(s) or pit permits is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action | is acknowledged as |
| DateAuthorized Signature | DateAuthorized Signature |
| DISTRICT EPR | PRODUCTIONUIC |
| | perator District |

Side Two Must Be Filed For All Wells

| KDOR Lease No.: | 207809 | | - | | | |
|-----------------|-----------------------------|--|----------------|-----------------------------------|---|--|
| *Lease Name: | CRAREY, ROBER | <u>T</u> *Lo | cation:13 28 3 | 9 N2 | | |
| Well No. | AP No. (YR DRLD/PRE '67) | Footage from Section Line (i.e. FS:L = Feet from South Line) | | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'S/Abandoned) Producing | |
| 2 | 151872003000-01 | 1390 FNL 2575 FEL | | GAS | | |
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^{*}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.: 218435 |
| ☑ Gas Lease: No. of Gas** | Lease Name: CRAREY, ROBERT |
| □ Gas Gathering System: | <u>NE</u> Sec_13_Twp_28S_R_39W_□ E □ W |
| □ Saltwater Disposal Well - Permit No.: | Legal Description of Lease: Sec. 13 28S 39W NE Qtr. |
| Spot Location:feet from □ N / □ S Line | |
| feet from □ E / □ W Line | |
| □ Enhanced Recovery Project Permit No.: | County: STANTON |
| • • | Production Zone(s): CHASE |
| Entire Project: ☐ Yes ☐ No | |
| 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) | feet from □ E / □ W Line |
| ☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling | ☐ Haul-Off ☐ Workover ☐ Drilling |
| Past Operator's License No. 5952 | Contact Person: Lou Barry Room 3.142B WL-1 |
| Past Operator's Name & Address BP America Production Company | Phone <u>281-366-7816</u> |
| P.O. Box 3092, Houston, TX 77253 | Date 6/25/2012 |
| Title Regulatory Supervisor | Signature |
| N. O. A. M. M. COOO | Contact Person: Nancy Fitzwater RECEIVED |
| New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc. | Dhana 004 040 4066 |
| 600 Travis, Suite 5100 Houston, Texas 77002 | Oil/Gas Purchaser JUL U 3 2017 |
| Title Regulatory Compliance Advisor | Date 6/25/2012 Signature Nancy Fitzwaler KCC WICHIT |
| | Signature //www.yarawet |
| Acknowledgment of Transfer: The above request for transfer of injection a | authorization, surface pit permit #has been noted, approved and du |
| 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 | nit. |
| is acknowledged as | is acknowledged as |
| the new operator and may continue to inject fluids as authorized by Permit | the new operator of the above named lease containing the surface pit |
| No.: Recommended action | permitted by No.: |
| | |
| Date Authorized Signature | Date Authorized Signature |
| Authorized Signature | Authorized digitatore |
| DISTRICTEPR | PRODUCTIONUIC_ |
| Mail to: Past Operator New Op | perator 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.: | 218435 | | | | |
|-----------------|-------------------------------|----------|--------------------------------------|-----------------------------------|--------------------------------------|
| *Lease Name: | e: <u>CRAREY, ROBERT</u> *Loc | | cation: <u>13 28 3</u> | 9 NW SE NE | _ |
| 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) |
| 3 | 151872042800 / | 3916 FSL | 1250 FEL | GAS | Producing |
| | | | 4, 7 | | |
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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.

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 Address 2: | Well Location: |
|--|--|
| City: Houston State: Texas Zip: 77253 Contact Person: DeAnn Smyers Phone: (281) 366-4395 Fax: (281) 366-7836 | If filing a Form T-1 for multiple wells on a lease, enter the legal |
| Email Address: smyerscd@bp.com | description of the lease below: N2, NE, SW Sec. 13 28S 39W |
| 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 leas | (Cathodic Protection Borehole Intent), you must supply the surface owners |
| on the plat are preliminary non-binding estimates. The location may be submitted. | is may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat RECEIVEL |
| | is may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat |
| may be submitted. Select 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 | Some may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat RECEIVED JUL 0 3 20 Detice 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 Fore CC WICHI 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 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 serious contents. | Some may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat RECEIVED JUL 0 3 20 Detice 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 Fore CC WICHI 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 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 \$30.0 | RECEIVED JUL 0 3 20 Ditice Act (House Bill 2032), I have provided the following to the surface belief to be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CB-1, form being filed is a Form C-1 or Form CB-1, the plat(s) required by mber, fax, and email address. Der(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. |
| May be submitted. Select 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 lift choosing the second option, submit payment of the \$30.00. | RECEIVED JUL 0 3 20 Detice 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 CB-1, the plat(s) required by mber, fax, and email address. Detection of the form CB-1 in the form CB-1, the plat(s) required by mber, fax, and email address. Detection of the form CB-1 in the form th |

| | SUMMER LAND TRUST 1 | CRAREY-GRIEST CHARITABLE TRUST | AINSWORTH, KENT | Name |
|--------------|-------------------------|--------------------------------|-----------------|----------|
| | Attn: SUMMER, GERALDINE | 8101 SW 34TH AVE | 3096 N RD B | Address1 |
| | 302 HIGHTLAND PL | | | Address2 |
| | WASHINGTON | AMARILLO | NOSNHOL | City |
| RECEIVED | - - | TX | KS | State |
| JUL 0 3 2012 | 4 571 | 79121 | 67855 | ZIP |
| | 13 | 13 | 13 | Sec |
| | 28 | 28 | 28 | Twp |
| | 39W | 39W | 39W | Rng |