

Kansas Corporation Commission

OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

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.: 201604
☑ Gas Lease: No. of Gas**	Lease Name: <u>HEIN</u>
☐ Gas Gathering System:	<u> NE</u> Sec <u>17</u> Twp <u>30S</u> R <u>38W</u> □E□W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 17 30S 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 Zone(s): CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON ** Side Two Must Se Completed	1. He
Surface Pit Permit No.	feet from D N / D S Line
(API No. if Drill Pit. WO or Haul) □ Type of Pit: □ Emergency □ Burn □ Settling	feet from □ E / □ W Line □ Workover O R □ Drilling
Title Regulatory Supervisor New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002 Title Regulatory Compliance Advisor	Contact Person: Nancy Fitzwater II II 0 2 2012
	asis acknowledged as
Authorized Signature DISTRICTEPR 8/10/12	Authorized Signature PRODUCTION 8. 14.12 UIC 8-13-12
	y Operator District

Side Two Must Be Filed For All Wells

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KDOR Lease No.:	201604	<u> </u>			
*Lease Name:	HEIN	*Location:1	ocation:17 30 38 SW SW SW NE		
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)
1	150670064100 ′	2790 FSL	2540 FSL	GAS	Producing
	<u>,,,,,</u>				
				1. 1. 1. 10.	

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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Check Applicable Boxes:	Effective Date of Transfer: July 1, 2012			
□ Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 206799			
☑ Gas Lease: No. of Gas**	Lease Name: <u>HEIN</u>			
□ Gas Gathering System:				
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 17 30S 38W E2			
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): COUNCIL GROVE			
Number of injection wells	Injection Zone(s):			
Field Name PANOMA				
Surface Pit Permit No.	feet from □ N / □ S Line			
(API No. if Dritl 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			
Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253	Phone <u>281-366-7816</u> Date <u>6/25/2012</u>			
Title Regulatory Supervisor	Signature Lou Barry			
	RECEIVED			
New Operator's License No. 33999	Contact Person: Nancy Fitzwater Phone 281-840-4266 DUL 0 3 2012			
New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Phone <u>281-840-4266</u> JUL U 3 ZUIZ Oil/Gas Purchaser			
	Date 6/25/2012 KCC WICHITA			
Title Regulatory Compliance Advisor	Signature Nancy Zitzwater			
-				
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action				
Date	Date			
Authorized Signature	Authorized Signature			
DISTRICTEPR	PRODUCTIONUIC			
Mail to: Past Operator New Op	perator District			

Side Two Must Be Filed For All Wells

KDOR Lease No.:	206799				
*Lease Name:	HEIN	*Location:	17 30 38 C E2		
Well No	AP No. (YR DRLD/PRE '67)		from Section Line Feet from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150672014900 /	2590 FNL	_ 1250 FEL	GAS	Producing
Market III					
			·		
•		<u> </u>			
				<u> </u>	
-3-50	-				

A separate sheet may be attached if necessary.

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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.: 217586			
☑ Gas Lease: No. of Gas**	Lease Name: HEIN			
Gas Gathering System:	NW_Sec_ <u>17_</u> Twp <u>_30S_R_38W_</u> □ E □ W			
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 17 30S 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 **Side Two Must Sa Completed.				
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. <u>5952</u>	Contact Person: Lou Barry Room 3.142B WL-1			
Past Operator's Name & Address BP America Production Company	Phone <u>281-366-7816</u> Date <u>6/25/2012</u>			
P.O. Box 3092, Houston, TX 77253				
Title Regulatory Supervisor	Signature Low Barry			
	RECEIVED			
New Operator's License No. 33999	Contact Person: Nancy Fitzwater Phone 281-840-4266 JUL 0 3 2012			
New Operator's Name & Address Linn Operating, Inc.	Phone <u>281-840-4266</u> JUL U 3 ZUIZ Oil/Gas Purchaser			
600 Travis, Suite 5100 Houston, Texas 77002				
Title Regulatory Compliance Advisor	Date 6/25/2012 KCC WICHIT Signature 7/1/2004			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #has been noted, approved and du			
	edgment of transfer pertains to Kansas Corporation Commission records only ar			
does not convey any ownership interest in the above injection well(s) or pit perr	nit.			
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	Date			
Authorized Signature	Authorized Signature			
DISTRICTEPR	PRODUCTIONUIC			
Mail to: Past Operator New Op	perator District			

Side Two Must Be Filed For All Wells

KDOR Lease No.: 217586						
*Lease Name:	HEIN	*Location:17	7 30 38 NW			
Well No.	AP No. (YR DRLD/PRE '67)	-	m Section Line ot from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)	
3HI	150672094400 /	4110 FSL	4110 FEL	GAS	Producing	
				·		
* *			-			
·						
			- 10 A - 11 A - 12 A -			

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.

ODEDATOR: Linear # 5050	Malifornia
OPERATOR: License # 5952	Well Location:
Name: BP America Production Company Address 1: P.O. Box 3092	Sec. <u>17</u> Twp. <u>30S</u> R. <u>38W</u> □East ☑ ₩est County:GRANT
Address 2:	Lease Name: HEIN Well #:
City: Houston State: Texas Zip: 77253	Lease (Valle, VVOII #
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:
Email Address. Sinyerscowbp.com	E2, NE, NW Sec. 17 30S 38W
Surface Owner Information: Name: See Surface Owner Attachment Address 1: Address 2: City: State: Zip:	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.
on the plat are preliminary non-binding estimates. The loca	ations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
	ations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat RECEIVED
may be submitted.	RECEIVED
may be submitted. Select one of the following:	
may be submitted. Select one of the following: ☑ I certify that, pursuant to the Kansas Surface Owne	RECEIVED JUL 0 3 2012 or Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or FUCC WICHITA of 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 CP-1 that I am filing in connection with this form; 2) this form; and 3) my operator name, address, phone ☐ I have not provided this information to the surface of the KCC will be required to send this information to	RECEIVED JUL 0 3 2012 or Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or FUCC WICHITA of 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 CP-1 that I am filing in connection with this form; 2) this form; and 3) my operator name, address, phone ☐ I have not provided this information to the surface of the KCC will be required to send this information to this task, I acknowledge that I am being charged a \$ If choosing the second option, submit payment of the \$3	PRECEIVED JUL 03 2012 or Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or FXCC WICHITA if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by a number, fax, and email address. Downer(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing 630.00 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 CP-1 that I am filing in connection with this form; 2) this form; and 3) my operator name, address, phone ☐ I have not provided this information to the surface of the KCC will be required to send this information to this task, I acknowledge that I am being charged a \$\$\$	PRECEIVED JUL 03 2012 or Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or FUCC WICHITA in the form being filed is a Form C-1 or Form CB-1, the plat(s) required by a number, fax, and email address. Sowner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing 330.00 handling fee, payable to the KCC, which is enclosed with this form. 10.00 handling fee with this form. If the fee is not received with this form, the Form T-1, or Form CP-1 will be returned.

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

DEMMA, ANTHONY M & MARK V	POPEJOY, RONALD GEORGE ETAL	JOHNSON, CARL W & DEANNA F	Name	Surface Owner Attachment
10 RUFFLED FEATHERS	15630 W FAIRMONT AVE	3825 W RD 19	Address1	
			Address2	
LEMONT	GOODYEAR	ULYSSES	City K	RECEIVED JUL 03 2012 CC WICHITA
-	ΑZ	KS	State	
60439	85395	67880	ZIP	
17	17	17	Sec	
30	30	30	Twp	
38W	38W	38W	Rng	