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.: 201622
☑ Gas Lease: No. of Gas**	Lease Name: HOFFMAN, C.A.
☐ Gas Gathering System:	<u>- NE_</u> Sec_ <u>15_</u> Twp <u>_29S_</u> R_ <u>38W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 15 29S 38W NE Qtr
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
<del></del>	
☐ Enhanced Recovery Project Permit No.:	County: GRANT
Entire Project:	Production Zone(s): CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON	i i
March and Sand Control of Sand And Sand And Sand	
Surface Pit Permit No.	feet from □ N / □ S Line
(API No. if Drill Pit. WO or Haul)	feet from DE / DW Line
☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	I □ Haul-Off □ Workover
Past Operator's License No. 5952 Exp 6/30/12  Past Operator's Name & Address BP America Production Compa P.O. Box 3092, Houston, TX 77253  Title Regulatory Supervisor	Date 6/25/2012
	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012
New Operator's License No. 33999	Contact Person: Nancy Fitzwater
New Operator's Name & Address <u>Linn Operating, Inc.</u> 600 Travis, Suite 5100 Houston, Texas 77002	Phone <u>281-840-4266</u> Oil/Gas Purchaser   JUL 0 3 2012
OUT TIAVIS, Outre 5100 Tiouston, Texas 77002	Date 6/25/2012
Title Regulatory Compliance Advisor	Date 6/25/2012  Signature Mancy Fitzwater KCC WICHITA
recorded in the records of the Kansas Corporation Commission. This adoes not convey any ownership interest in the above injection well(s) or is acknowled the new operator and may continue to inject fluids as authorized by No.: Recommended action	dged as the new operator of the above named lease containing the surface pit permitted by No.:
Authorized Signature	Authorized Signature
DISTRICTEPR	PRODUCTION 8.20./2 UIC 8-20-12
Mail to: Past Operator	New Operator District

### Side Two Must Be Filed For All Wells

KDOR Lease No.:	201622				
*Lease Name:	HOFFMAN, C.A.	*Locatio	n: <u>15 29 38 S</u>	W SW NE	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	150670046500 /	2640 FSL	2640 FEL	GAS	Producing
	· · · · · · · · · · · · · · · · · · ·				
	-				
	<u></u>				

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.:
☑ Gas Lease: No. of Gas**	Lease Name: HOFFMAN, C.A.
□ Gas Gathering System:	<u>- E2 Sec 15 Twp 29S R 38W</u> □ E □ W
☐ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 15 29S 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 NamePANOMA	
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 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 <u>Regulatory Supervisor</u>	Contact Person: Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012 Signature Lou Barry 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
Title Regulatory Compliance Advisor	Date 6/25/2012 Nancy Fitzwater  Signature Nancy Fitzwater
recorded in the records of the Kansas Corporation Commission. This acknowledged not convey any ownership interest in the above injection well(s) or pit per is acknowledged the new operator and may continue to inject fluids as authorized by Pern	as   is acknowledged as
No.: Recommended action	permitted by No.:
Date Authorized Signature	DateAuthorized Signature
DISTRICT EPR New Mail to: Post Operator	PRODUCTIONUIC
Mail to: Past Operator New	Operator District

#### Side Two Must Be Filed For All Wells

KDOR Lease No.: _	206814				
*Lease Name:	HOFFMAN, C.A.	*Location	15 29 38 C	<u>E2</u>	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from S (i.e. FS:L = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150672013100 /	2590 FSL	1250 FEL	GAS	Producing

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.: 217616
☑ Gas Lease: No. of Gas**	Lease Name: HOFFMAN, C.A.
☐ Gas Gathering System:	<u>SE_</u> Sec_ <u>15_</u> Twp <u>_ 29S_R_38W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 15 29S 38W SE 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 NameHUGOTON	
Side Two Must St. Completed.	
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
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	Date6/25/2012  Signature
Title Regulatory Compliance Advisor	Date 6/25/2012
Title	Signature Nancy Fitzwaler
Acknowledgment of Transfer: The above request for transfer of injection at 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	edgment of transfer pertains to Kansas Corporation Commission records only ar
Date Authorized Signature	Date Authorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator New Operator	

#### Side Two Must Be Filed For All Wells

KDOR Lease No.:	217616				
*Lease Name:	HOFFMAN, C.A.	*Location	n: <u>15 29 38 S</u> t	W NE SE	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
ЗНІ	150672094800 /	1550 FSL	1250 FEL	GAS	Producing
		-			
		-		<del></del>	
				******	
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			1.40.00		
					AMALES TO THE STATE OF THE STAT

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.

### 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	Well Location:Sec. <u>15</u> Twp. <u>29S</u> R. <u>38W</u> □East ☑ West County:GRANT
Address 2:	Lease Name:HOFFMAN, C.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	description of the lease below:
Email Address:smyerscd@bp.com	NE, E2, SE Sec. 15 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: State: Zip:	county, and in the real estate property tax records of the county treasurer.
n the plat are preliminary non-binding estimates. The location	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
n the plat are preliminary non-binding estimates. The location nay be submitted.	ns may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
n the plat are preliminary non-binding estimates. The location hay be submitted.  Select one of the following:	Ditice Act (House Bill 2032), I have provided the following to the surface of the form C-1, Form CB-1, Form T-1, Form T-1, Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by
In the plat are preliminary non-binding estimates. The location has be submitted.  Relect one of the following:  I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with 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.	Ditice Act (House Bill 2032), I have provided the following to the surface of the form C-1, Form CB-1, Form T-1, Form T-1, Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by
In the plat are preliminary non-binding estimates. The location has be submitted.  elect one of the following:  ☐ I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with CP-1 that I am filling 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 than the surface owner	Detice Act (House Bill 2032), I have provided the following to the surface of the form C-1 plat, Form CB-1, Form T-1, Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by WIC mober, fax, and email address.  Detection the form being filed is a Form C-1 or Form CB-1, the plat(s) required by WIC mober, fax, and email address.  Detection the form being filed is a Form C-1 or Form CB-1, the plat(s) required by WIC mober, fax, and email address.  Detection the form being filed is a Form C-1 or Form CB-1, the plat(s) required by WIC mober, fax, and email address.  Detection the form being filed is a Form C-1 or Form CB-1, the plat(s) required by WIC mober, fax, and email address.
n the plat are preliminary non-binding estimates. The location hay be submitted.  elect one of the following:  I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with 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 statistical task, I acknowledge that I am being charged a \$30.00	Ditice Act (House Bill 2032), I have provided the following to the surface of the form C-1 or 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 WIC 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 00 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 in T-1, or Form CP-1 will be returned.

Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rng
HELWIG REVOCABLE TRUST	Attn: MANGELS, DONALD	1217 W RD 17	ULYSSES	S	08879	15	29	381

RECEIVED
JUL 0 3 2012
KCC WICHITA