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.: 202624
☑ Gas Lease: No. of Gas**	Lease Name: MOLZ, A. A
Gas Gathering System:	1
	<u>C_Sec_7_Twp_23S_R_35W_</u>
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 7 23S 35W C
Spot Location:feet from □ N / □ S Line	
feet from 🗆 E / 🗆 W Line	
☐ Enhanced Recovery Project Permit No.:	County: KEARNY
Entire Project: ☐ Yes ☐ No	Production Zone(s):CHASE
Number of injection wells	Injection Zone(s): RECEIVED
Field Name HUGOTON	
** Slow Two Must Be Completed.	SEP 2 8 2012
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 No. <u>5952</u> Exp. 6/30/12 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 Phone 281-366-7816 Date 6/25/2012 Signature Low Barry
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 Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 Signature Tlancy Titywater
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	uthorization, surface pit permit #has been noted, approved and duly
No.: Recommended action  DateAuthorized Signature	Date Authorized Signature
DISTRICTEPR /0/5/12	PRODUCTION 10.8.12 UIC 10-8-12
Mail to: Past Operator New Op	

## Side Two Must Be Filed For All Wells

KDOR Lease No.:	202624				
*Lease Name:	MOLZ, A. A	*Location:	7 23 35 C		
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	150930007200 /	2640 FSL	2640 FEL	GAS	Producing
4.					
			1.100.400		
	<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.

DISTRICT EPR	PRODUCTION UIC	strict JUL 03 2016
Date Authorized Signature	Date Auth	orized Signature
NO Peconimended action	permitted by No.:	
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 le	is acknowledged as ease containing the surface pit
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 permitted.	edgment of transfer pertains to Kansas Corpo	
Title Regulatory Compliance Advisor	Signature Nancy Fit	zwater
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 Date <u>6/25/2012</u>	KCC WICHITA
New Operator's License No. 33999	Contact Person: Nancy Fitzwater	
Title Regulatory Supervisor	Signature Lou Ban	RECEIVED
Past Operator's License No. <u>5952</u> Past Operator's Name & AddressBP America Production Company P.O. Box 3092, Houston, TX 77253	Contact Person: <u>Lou Barry Room 3</u> Phone <u>281-366-7816</u> Date <u>6/25/2012</u>	
Surface Pit Permit No(API No. if Drill Pit. WO or Haul) □ Type of Pit: □ Emergency □ Burn □ Settling	feet from $\square$ N / $\square$ feet from $\square$ E / $\square$ Haul-Off $\square$ Workover	W Line
Field NameHUGOTON ** Side Two Must Be Completed:		
Number of injection wells	Injection Zone(s):	ner direction in
Entire Project: ☐ Yes ☐ No	Production Zone(s):CHA	
☐ Enhanced Recovery Project Permit No.:	County: KEARNY	
feet from □ E / □ W Line		
Spot Location:feet from □ N / □ S Line	Legal Description of Lease	233 33W 3E QII.
□ Saltwater Disposal Well - Permit No.:	SE_Sec_7_Twp23S_R_;  Legal Description of Lease:Sec. 7	_
□ Gas Gathering System:	Lease Name: MOLZ, A. A	DELAL IT IT IT IAL
☑ Gas Lease: No. of Gas**	KS Dept of Revenue Lease No.:	219484
□ Oil Lease: No. of Oil Wells**		A
Check Applicable Boxes:	Effective Date of Transfer:	ulv 1, 2012

KCC WICHITA

## Side Two Must Be Filed For All Wells

KDOR Lease No.:	219484				
*Lease Name:	MOLZ, A. A	*Location:	7 23 35 NW SE	SE	
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)
2HI	150932131800 🗸	1250 FSL	1250 FEL	GAS	Producing
			·		
		Nad to 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.

#### 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	Well Location: Sec. 7_Twp. <u>23S</u> R. <u>35W</u> □East ☑ West
Address 1: P.O. Box 3092	County: KEARNY
Address 2:	Lease Name: MOLZ, A. A Well #:
City: Houston State: Texas Zip: 77253	
Contact Person: <u>DeAnn Smyers</u> 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:
Littali Address. Striyersdawp.com	C, SE Sec. 7 23S 35W
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:	
	se roads, tank batteries, pipelines, and electrical lines. The locations shown s may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
on the plat are preliminary non-binding estimates. The locations may be submitted.  Select one of the following:	
may be submitted.  Select one of the following:  ☑ I certify that, pursuant to the Kansas Surface Owner Notowner(s) of the land upon which the subject well is or will	tice Act (House Bill 2032), I have provided the following to the surface is 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
may be submitted.  Select 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 will CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone num  □ I have not provided this information to the surface owner the KCC will be required to send this information to the send the content of the surface owner.	tice Act (House Bill 2032), I have provided the following to the surface is 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
<ul> <li>may be submitted.</li> <li>Select one of the following:</li> <li>☑ I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone num</li> <li>☐ I have not provided this information to the surface owner the KCC will be required to send this information to the sthis task, I acknowledge that I am being charged a \$30.0</li> </ul>	tice Act (House Bill 2032), I have provided the following to the surface if 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 inber, fax, and email address.  In 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 Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone num  ☐ I have not provided this information to the surface owner the KCC will be required to send this information to the set this task, I acknowledge that I am being charged a \$30.00 lf choosing the second option, submit payment of the \$30.00.	tice Act (House Bill 2032), I have provided the following to the surface if be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form be form being filed is a Form C-1 or Form CB-1, the plat(s) required by inber, fax, and email address.  If (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.  I handling fee with this form. If the fee is not received with this form, the T-1, or Form CP-1 will be returned.
Select 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 will CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone num  I have not provided this information to the surface owner the KCC will be required to send this information to the set this task, I acknowledge that I am being charged a \$30.0 the choosing the second option, submit payment of the \$30.00 ksona-1 form and the associated Form C-1, Form CB-1, Form I hereby certify that the statements made herein are true and continuous true and continuous true and continuous true true and continuous true and continuous true true true and continuous true true and continuous true true and continuous true true true true and continuous true true true true and continuous true true true and continuous true true true true true true true true	tice Act (House Bill 2032), I have provided the following to the surface if be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form be form being filed is a Form C-1 or Form CB-1, the plat(s) required by inber, fax, and email address.  If (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.  I handling fee with this form. If the fee is not received with this form, the T-1, or Form CP-1 will be returned.

SEP 2 8 2012

**KCC WICHITA** 

Name
MOLZ, OTIS H & MARY LEE LIVING TRUST

	Address1	Address2	City	State	ZIP	Sec
	2359 ROAD 200		DEERFIELD	KS	67838	7

RECEIVED
SEP 28 2012
KCC WICHITA

Sec Twp RECEIVED RANGE OF TOTAL OF THE PROPERTY OF THE PROPERT