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.

Mail to: KCC - Conservation Division, 1	30 S. Market - Room 2078, Wichita, Kansas 67202
Mail to: Past Operator New Ope	eratorDistrict
Authorized Signature  DISTRICT EPR /0/H/12	Authorized Signature  PRODUCTION / 0 · 5 · / 2 UIC / 0 - 5 · / 2 UIC / 0 · 6 · / 2 UIC / 0 · / 2 UIC / 0 · 6 · / 2 UIC / 0 · 6 · / 2 UIC / 0 · 6 · / 2 UIC / 0 · / 2 UIC / 0 · 6 · / 2 UIC / 0 · / 2 UIC / 0 · 6 · / 2 UIC / 0 · / 2 UIC / 0 · 6 · / 2 UIC / 0 ·
Date	Date
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.:
	uthorization, surface pit permit #has been noted, approved and duly dgment of transfer pertains to Kansas Corporation Commission records only and it.
Title Regulatory Compliance Advisor	Signature Nancy Fitzwater
New Operator's License No	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012
Title Regulatory Supervisor	Signature Lou Barry
Past Operator's License No. <u>5952 Exp 6/36//2</u> Past Operator's Name & Address <u>BP America Production Company</u> P.O. Box 3092, Houston, TX 77253	Contact Person: <u>Lou Barry Room 3.142B WL-1</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 D N / D S Line feet from D E / D W Line D Haul-Off Workover OR D rilling
Field NameHUGOTON ** Side Two Must Be Completed.	
Number of injection wells	Injection Zone(s):
Entire Project: ☐ Yes ☐ No	Production Zone(s): CHASE
☐ Enhanced Recovery Project Permit No.:	County: KEARNY
feet from □ E / □ W Line	Th.
Spot Location:feet from □ N / □ S Line	ָּטִיּ קי
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 4 23S 36W NE Qtr.
Gas Gathering System:	Lease Name: SCHULZ B  NE Sec 4 Twp 23S R 36W DEDW
☑ Gas Lease: No. of Gas**	Lease Name: SCHULZ B
□ Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 203461
Check Applicable Boxes:	Effective Date of Transfer: July 1, 2012

## Side Two Must Be Filed For All Wells

KDOR Lease No.:	203461				
*Lease Name:	SCHULZ B	*Location:	4 23 36 C 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	150930011400 /	1320 FNL	1320 FEL	GAS	Producing
	And the second s			-	
	:				
				Av. J. V.	
	MARKET				

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.

☐ Gas Lease: No. of Gas***  ☐ Gas Gathering System:	## Revenue Lease No.:
□ Gas Gathering System:	NW Sec 4 Twp 23S R 36W □ E □ W         According to the second of Lease: Sec. 4 23S 36W NW Qtr.         KEARNY         According to the second of Lease: Sec. 4 23S 36W NW Qtr.         KEARNY         According to the second of Lease: Sec. 4 23S 36W NW Qtr.         KEARNY         According to the second of Lease: Sec. 4 23S 36W NW Qtr.         CHASE         Cone(s):
□ Saltwater Disposal Well - Permit No.:  Spot Location:  feet from □ N / □ S Line  feet from □ E / □ W Line  □ Enhanced Recovery Project Permit No.:  Entire Project: □ Yes □ No  Number of injection wells  Injection  Field Name  HUGOTON  Side Two Must Be Completed.  Surface Pit Permit No.  (API No. if Drill Pit. WO or Haul)  □ Type of Pit: □ Emergency □ Burn □ Settling □ Haul-  Past Operator's License No. 5952  Past Operator's Name & Address □ BP America Production Company  P.O. Box 3092, Houston, TX 77253  Title Regulatory Supervisor  Signatur  New Operator's Name & Address □ Linn Operating, Inc. □ 600 Travis, Suite 5100 Houston, Texas 77002  Title Regulatory Compliance Advisor	KEARNY  Tone(s): feet from   N /   S Line feet from   E /   W Line feet from   Drilling  Cerson: Lou Barry Room 3.1428 WL-1 281-366-7816
Spot Location:feet from □ N / □ S Linefeet from □ E / □ W Line □ Enhanced Recovery Project Permit No.: Entire Project: □ Yes □ No Producti Number of injection wells Injection Field Name HUGOTON ** Side Two Must Be Completed.  Surface Pit Permit No. (API No. if Drill Pit. WO or Haul) □ Type of Pit: □ Emergency □ Burn □ Settling □ Haul- Past Operator's License No. 5952 Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253  Title Regulatory Supervisor  Signature New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc. Phone 600 Travis, Suite 5100 Houston, Texas 77002  Title Regulatory Compliance Advisor	KEARNY  Tone(s): feet from □ N / □ S Line feet from □ E / □ W Line ff □ Workover □ Drilling  erson: Lou Barry Room 3.1428 WL-1 281-366-7816
Spot Location:feet from □ N / □ S Line	KEARNY  Tone(s): feet from □ N / □ S Line feet from □ E / □ W Line ff □ Workover □ Drilling  erson: Lou Barry Room 3.1428 WL-1 281-366-7816
□ Enhanced Recovery Project Permit No.:  Entire Project: □ Yes □ No Producti  Number of injection wells Injection  Field Name HUGOTON  ** Side Two Must Be Completed.  Surface Pit Permit No.  (API No. if Drill Pit. WO or Haul)  □ Type of Pit: □ Emergency □ Burn □ Settling □ Haul-  Past Operator's License No. 5952  Past Operator's Name & Address □ BP America Production Company  P.O. Box 3092, Houston, TX 77253  Title Regulatory Supervisor Signature  New Operator's License No. 33999  New Operator's Name & Address □ Linn Operating, Inc. Oil/Gas □ Oil/Gas □ Date □  Title Regulatory Compliance Advisor	round Zone(s): feet from \( \text{N / \( \text{D} \) S Line feet from \( \text{E} \) E / \( \text{W} \) Line feet from \( \text{E} \) E / \( \text{W} \) Uine ff \( \text{W} \) Workover \( \text{D} \) Drilling erson: \( \text{Lou Barry Room 3.142B WL-1} \) 281-366-7816
Entire Project:	round Zone(s): feet from \( \text{N / \( \text{D} \) S Line feet from \( \text{E} \) E / \( \text{W} \) Line feet from \( \text{E} \) E / \( \text{W} \) Uine ff \( \text{W} \) Workover \( \text{D} \) Drilling erson: \( \text{Lou Barry Room 3.142B WL-1} \) 281-366-7816
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Number of injection wells	feet from □ N / □ S Line feet from □ E / □ W Line ff □ Workover □ Drilling  erson: Lou Barry Room 3.1428 WL-1 281-366-7816
Field Name HUGOTON  ** Side Two Must Be Completed.  Surface Pit Permit No.  (API No. if Drill Pit. WO or Haul)  Type of Pit: Emergency Burn Settling Haul-  Past Operator's License No. 5952 Past Operator's Name & Address BP America Production Company P.O. Box 3092, Houston, TX 77253  Title Regulatory Supervisor  Signature  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	feet from $\square$ N / $\square$ S Line feet from $\square$ E / $\square$ W Line  ff $\square$ Workover $\square$ Drilling  erson: Lou Barry Room 3.1428 WL-1 281-366-7816
(API No. if Drill Pit. WO or Haul)    Type of Pit:	feet from □ E / □ W Line  ff □ Workover □ Drilling  erson: Lou Barry Room 3.142B WL-1 281-366-7816
□ Type of Pit: □ Emergency □ Burn □ Settling □ Haul-  Past Operator's License No5952 □ Contact  Past Operator's Name & Address □ BP America Production Company □ Phone □  P.O. Box 3092, Houston, TX 77253 □ Date □  Title □ Regulatory Supervisor □ Signatur  New Operator's License No33999 □ Contact  New Operator's Name & Address □ Linn Operating, Inc. □ Phone □ Oil/Gas □ Date □  Title □ Regulatory Compliance Advisor	ff ☐ Workover ☐ Drilling erson: Lou Barry Room 3.142B WL-1 281-366-7816
Past Operator's License No5952	erson: <u>Lou Barry Room 3.142B WL-1</u> 281-366-7816
Past Operator's Name & Address BP America Production Company Date Date  P.O. Box 3092, Houston, TX 77253  Title Regulatory Supervisor  New Operator's License No. 33999  New Operator's Name & Address Linn Operating, Inc. Phone Oil/Gas Date  Title Regulatory Compliance Advisor	281-366-7816
Title Regulatory Compliance Advisor Signatur	Lou Barry  Person: Nancy Fitzwater  281-840-4266  urchaser  25/2012
	Nancy Fitzwater
Acknowledgment of Transfer: The above request for transfer of injection authorization, s recorded in the records of the Kansas Corporation Commission. This acknowledgment of trades not convey any ownership interest in the above injection well(s) or pit permit.	
is acknowledged as	is acknowledged as
, , , , , , , , , , , , , , , , , , , ,	rator of the above named lease containing the surface pit No.:
Data	
Date Date Date	Authorized Signature
DISTRICTEPRPRODUCTION	Authorized Olynature
Mail to: Past Operator New Operator	Ju Cha

## Side Two Must Be Filed For All Wells

KDOR Lease No.:	219942				
*Lease Name:	SCHULZ B	*Location:	4 23 36 SE NW I	NW	
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)
2HI	150932135200 /	1250 FNL	1250 FWL	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.

## 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. 4_ Twp. 23S_ R. 36W_ □ East ☑ West
Address 1: P.O. Box 3092	County: KEARNY
Address 2:	Lease Name: SCHULZ 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	description of the rease bolow.
	NE, NW Sec. 4 23S 36W
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:	
	·
If this form is being submitted with a Form C-1 (Intent) or CE	B-1 (Cathodic Protection Borehole Intent), you must supply the surface owners
and the KCC with a plat showing the predicted locations of I	lease roads, tank batteries, pipelines, and electrical lines. The locations shown
on the plat are preliminary non-binding estimates. The locati	ions may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
	ions may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
	ions may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat
may be submitted.	ions 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:	
may be submitted.  Select one of the following:  ☑ I certify that, pursuant to the Kansas Surface Owner	Notice Act (House Bill 2032), I have provided the following to the surface
may be submitted.  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	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
nay be submitted.  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) i	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 if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by
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# Surface Owner Attachment

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Name	Address1	Address2	City	State	ZIP	Sec	4	Rng
SIMSHAUSER, ETHELLTRUST	PO BOX 867		LAKIN	KS	67860	4	23	36W
URIE, LAWRENCE N (BILL) ETAL	1501 ROAD 240		LAKIN	ß	67860	4	23	36W
URIE, NORMAN K	2449 HWY 25		LAKIN	KS	67860	4	23	36W

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