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.: 203568
☑ Gas Lease: No. of Gas**	Lease Name: SHAWVER
☐ Gas Gathering System:	NE Sec 2 Two 27S R 35W DEDW
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 2 27S 35W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	į i r
☐ 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.	
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 No5952	Contact Person:
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 Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012
Title Regulatory Compliance Advisor	Signature Nancy Fitzwaler
Acknowledgment of Transfer: The above request for transfer of injection recorded in the records of the Kansas Corporation Commission. This acknowledgment of the convey any ownership interest in the above injection well(s) or pit per	authorization, surface pit permit #has been noted, approved and dult dedgment of transfer pertains to Kansas Corporation Commission records only and mit.
is acknowledged as	
the new operator and may continue to inject fluids as authorized by Permi No.: Recommended action	the new operator of the above named lease containing the surface pit permitted by No.:
Date	Date
Authorized Signature	Authorized Signature
DISTRICTEPR9/21/12	PRODUCTION 9 · 26 · 1 2 UIC 9 - 24 - 12 UIC 9
Mail to: Past Operator New C	peratorDistrict
Mail to: KCC - Conservation Division	, 130 S. Market - Room 2078, Wichita, Kansas 67202

Side Two Must Be Filed For All Wells

KDOR Lease No.	: <u>203568</u> /				
*Lease Name:	SHAWVER	*Location:	2 27 35 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	150670027300	3960 FSL	1320 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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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.: 207676
☑ Gas Lease: No. of Gas**	Lease Name: SHAWVER
Gas Gathering System:	<u> N2_</u> Sec_2_Twp <u>_ 27S_</u> R_ <u>35W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 2 27S 35W N2 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): COUNCIL GROVE
Number of injection wells	Injection Zone(s):
Field Name PANOMA ** Side Two Must Be Completed.	
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 □ Haul-Off □ Workover □ Drilling
Past Operator's License No. <u>5952</u> Past Operator's Name & Address <u>BP America Production Company</u>	Contact Person: <u>Lou Barry Room 3.142B WL-1</u> Phone <u>281-366-7816</u>
P.O. Box 3092, Houston, TX 77253	Date 6/25/2012
Title Regulatory Supervisor	Signature Low Barry
New Operator's License No. 33999	Contact Person: Nancy Fitzwater
New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Phone <u>281-840-4266</u> Oil/Gas Purchaser
	Date
Title Regulatory Compliance Advisor	Signature Nancy Fitzwater
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 the properties of the Kansas Corporation Commission.	authorization, surface pit permit #has been noted, approved and duly edgment of transfer pertains to Kansas Corporation Commission records only and nit.
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 Authorized Signature	Date Authorized Signature
DISTRICT EPR	PRODUCTION UIC District District 700 0 100
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.:	1				
*Lease Name:	SHAWVER	*Location:	2 27 35 C N2	<u> </u>	
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)
2	150672049600 /	1255 FNL	2610 FEL	GAS	Producing
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22004	**************************************				
					

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.

Select the corresponding form being filed: C-1 (Intent) CB-	-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #5952	Well Location: Sec. 2_Twp. 27S_R. 35W_□East ☑ West
Name: BP America Production Company	County: GRANT
Address 1: P.O. Box 3092	Lease Name: SHAWVER Well #:
Address 2:	Ecoso Namo. OTWAVELLE
Contact Person: DeAnn Smyers	to the second se
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:
Elliali Address. Sillycrosdesp.com	N2, NE Sec. 2 27S 35W
Surface Owner Information: Name: See Surface Owner Attachment	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
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	
	ne 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
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	tice Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form e form being filed is a Form C-1 or Form CB-1, the plat(s) required by
this form; and 3) my operator name, address, phone num	iber, tax, and email address.
the KCC will be required to send this information to the s	r(s). I acknowledge that, because I have not provided this information, surface owner(s). To mitigate the additional cost of the KCC performing 0 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 KSONA-1 form and the associated Form C-1, Form CB-1, Form	handling fee with this form. If the fee is not received with this form, the T-1, or Form CP-1 will be returned.
I hereby certify that the statements made herein are true and cor	rrect to the best of my knowledge and belief.
Date: June 25, 2012 Signature of Operator or Age	ent: Lou Barry Title: Regulatory Supervisor

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



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Name	Address1	Address2	City	State	ZIP	Sec	Twp	2
NIGHTINGALE, RENDEL D & GAYLA R	RT 2 BOX 143		OKEENE	OK	73763	2	27	3
KING, CARROLL W & CORAL J	1413 26TH ST SW		AUSTIN	MN	55912	2	27	G.
STOCK, RONALD E & KRISTIN K	PO BOX 181		ST EDMOND	NE	68660	2	27	<u>ښ</u>

Sec THANK O3 2012
2 27 27 35W