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.: 207088
☑ Gas Lease: No. of Gas**	Lease Name: WAECHTER L
□ Gas Gathering System:	<u>S2_Sec_19_Twp_24S_R_36W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 19 24S 36W S2
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
□ Enhanced Recovery Project Permit No.:	County: KEARNY
Entire Project: □ Yes □ No	
Number of injection wells	Injection Zone(s):
Field Name PANOMA	E au e
** Side Two Must Se Completed	echt
Surface Pit Permit No. (API No. if Drill Pit. WO or Haul) Type of Pit: Emergency Burn Settling	feet from \square N / \square S Line feet from \square E / \square W Line Haul-Off Workover Drilling
Past Operator's License No. 5952 Exp to 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 Lou Barry Room 3.142B WL-1 RECEIVED
	Contact Person: Nancy Fitzwater JUL 03 2012
New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc.	
600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser
Title Regulatory Compliance Advisor	Signature Nancy Zitywater
	is acknowledged as
0/10/0	
DISTRICTEPR	PRODUCTION 9.20.12 UIC 9-20-12 District

Side Two Must Be Filed For All Wells

KDOR Lease No.:		M			
*Lease Name:	WAECHTER L	*Location: _	19 24 36 C S	2	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet f		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150932038900 /	1320 FSL	2590 FWL	GAS	Producing
_					
* ***					
	·	·			
					
W. W					

A separate sheet may be attached if necessarily $k \in \mathbb{Z} \setminus \mathbb{Q}$

^{*}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.: 204122
☑ Gas Lease: No. of Gas**	Lease Name: WAECHTER L
☐ Gas Gathering System:	<u>NE_Sec_19_Twp24S_R_36W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 19 24S 36W NE Qtr.
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):
Field Name HUGOTON	
"Side Two Busi Se Completed	
Curface Dit Pormit No.	feet from □ N / □ S Line
Surface Pit Permit No. (API No. if Drill Pit. WO or Haul)	feet from \square E / \square W Line
☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	☐ Haul-Off ☐ Workover ☐ Drilling
Past Operator's License No5952 Past Operator's Name & AddressBP America Production Company P.O. Box 3092, Houston, TX 77253	Contact Person:
Title Regulatory Supervisor	•
New Operatoria License No. 22000	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser
New Operator's License No. 33999 New Operator's Name & Address Linn Operating, Inc.	Phone 281-840-4266 JUL 0.3 3000
600 Travis, Suite 5100 Houston, Texas 77002	Oil/Gas Purchaser
Title Regulatory Compliance Advisor	Oil/Gas Purchaser Date 6/25/2012 Signature Nancy Fitzwater KCC WICHITA
Asker and adversaria of Transfers. The above request for transfer of injection of	authorization, surface pit permit #has been noted, approved and du
	edgment of transfer pertains to Kansas Corporation Commission records only an
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
Date Authorized Signature	DateAuthorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator New Op	perator District

Side Two Must Be Filed For All Wells

KDOR Lease No.:	204122 ×	<u> </u>			
*Lease Name:	WAECHTER L	*Location:	19 24 36 SW	SW SW NE	_
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet f		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	150930044400 /	2640 FSL	2640 FEL ⁻	GAS	Producing
·					

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.: 217861
☑ Gas Lease: No. of Gas**	Lease Name: WAECHTER L
□ Gas Gathering System:	<u>NE_Sec_19_Twp24S_R_36W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 19 24S 36W NE Qtr.
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):
Field Name HUGOTON Sick Two Most Be Completed:	
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. 5952 Past Operator's Name & Address	Contact Person: Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012 Signature
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 JUL 0 3 2012 Phone 281-840-4266 Oil/Gas Purchaser KCC W//Gu
Title Regulatory Compliance Advisor	
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 JUL 03 2012 Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012	

Side Two Must Be Filed For All Wells

KDOR Lease No.:	217861				
*Lease Name:	WAECHTER L	*Location: _	19 24 36 SW	NE NE	
Well No.	AP No. (YR DRLD/PRE '67)	Footage from (i.e. FS:L = Feet f		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
3HI	150932107900 🗸	4030 FSL	1250 FEL	GAS	Producing
A 1.2					
,,,					

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:
Name: BP America Production Company	Sec. <u>19</u> Twp. <u>24S</u> R. <u>36W</u> □East ☑ West
Address 1: P.O. Box 3092	County: KEARNY
Address 2:	Lease Name: WAECHTER L Well #:
City: Houston State: Texas Zip: 77253	Lease Name. WALOTTETTE Wolf #.
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: <u>smyerscd@bp.com</u>	NE, S2 Sec. 19 24S 36W
Surface Owner Information: Name: See Surface Owner Attachment Address 1:	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.
may be submitted. Select one of the following:	REC
✓ I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or a content.	Notice Act (House Bill 2032), I have provided the following to the surface UL (will 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 CC Water fax, and email address.
the KCC will be required to send this information to the	rner(s). I acknowledge that, because I have not provided this information, e surface owner(s). To mitigate the additional cost of the KCC performing 0.00 handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30. KSONA-1 form and the associated Form C-1, Form CB-1, For	00 handling fee with this form. If the fee is not received with this form, the rm T-1, or Form CP-1 will be returned.
I hereby certify that the statements made herein are true and	correct to the hest of my knowledge and helief
	correct to the best of my knowledge and belief.

Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rng
NEFF, DONALD E & CLEONE F LIVING TRUSTS	1544 HWY 50		LAKIN	KS	67860	19	24	36W
NEFF, JANE CLOE MASSEY TR	100 INDEPENDENCE PL STE307		TYLER	Τx	75703	19	24	36W
MEISELINC	PO BOX 283		LAKIN	ß	67860	19	24	36W

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JUL 0 3 2012
KCC WICHITA