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.: 201200
☑ Gas Lease: No. of Gas**	Lease Name: FIZZELL
☐ Gas Gathering System:	<u>NE</u> Sec_35_Twp29S_R_39W_□ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 35 29S 39W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from \square E / \square W Line	
☐ Enhanced Recovery Project Permit No.:	County: STANTON ਸ
Entire Project: ☐ Yes ☐ No	Production Zone(s):CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON	
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 \square Workover \bigcirc $ hgappa$ \square Drilling
Past Operator's License No. 5952 EXP U/35/12 Past Operator's Name & Address BP America Production Comp. P.O. Box 3092, Houston, TX 77253 Title Regulatory Supervisor	Date 6/25/2012
	JUL 0 2 2012
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	Phone <u>281-840-4266</u> Oil/Gas Purchaser Date <u>6/25/2012</u> KCC WICHIT
The Troughtory Compilation / Carolina	Signature Mancy Titywater
recorded in the records of the Kansas Corporation Commission. This does 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	-
Date Authorized Signature	DateAuthorized Signature
DISTRICTEPR /0/22//2	PRODUCTION 10 23.12 UIC 0-23-12
Mail to: Past Operator/	New Operator District

Side Two Must Be Filed For All Wells

KDOR Lease No.:	201200		_		
*Lease Name:	FIZZELL	*Location:	35 29 39 SW SW N	NE	
Well No.	AP No. (YR DRLD/PRE '67)		om Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	151870021000 🗸	2640 FSL	2640 FEL	GAS	Producing
		-	-	- 300	
	÷ .				
				Solve Ange	
		-			
700					

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.

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.: 217676
☑ Gas Lease: No. of Gas**	Lease Name: <u>FIZZELL</u>
□ Gas Gathering System:	<u>- NE</u> Sec_35_Twp_29S_R_39W_□ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 35 29S 39W NE Qtr.
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: STANTON
Entire Project: ☐ Yes ☐ No	Production Zone(s): CHASE
Number of injection wells	Injection Zone(s):
Field Name HUGOTON	
Surface Pit Permit No. (API No. if Drill Pit. WO or Haul) □ Type of Pit: □ Emergency □ Burn □ Se	feet from □ N / □ S Line feet from □ E / □ W Line ttling □ Haul-Off □ Workover □ Drilling
Past Operator's License No5952 Past Operator's Name & AddressBP America Production C P.O. Box 3092, Houston, TX 77253 TitleRegulatory Supervisor	Date 6/25/2012 RECTIVE
Titol Traductory Supervisor	
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	
recorded in the records of the Kansas Corporation Commission. does not convey any ownership interest in the above injection well	owledged as d by Permit the new operator of the above named lease containing the surface pit
Date Authorized Signature	DateAuthorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator	New Operator District

Side Two Must Be Filed For All Wells

KDOR Lease No.:	217676				
*Lease Name:	FIZZELL	*Location:	35 29 39 C SE NE		
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)
3HI	151872052400-01/	3300 FSL	660 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.

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.: 206770
☑ Gas Lease: No. of Gas**	Lease Name: <u>FIZZELL</u>
☐ Gas Gathering System:	<u>- N2</u> Sec <u>35</u> Twp <u>29S</u> R <u>39W</u> □E□W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 35 29S 39W N2
Spot Location:feet from □ N / □ S Line	
feet from □ E / □ W Line	
☐ Enhanced Recovery Project Permit No.:	County: STANTON
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 \square N / \square S Line feet from \square E / \square W Line \square Haul-Off \square Workover \square Drilling
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	Date 6/25/2012
New Operator's License No. 33999	
New Operator's Name & Address Linn Operating, Inc.	Phone 281-840-4266
600 Travis, Suite 5100 Houston, Texas 77002	Contact Person: Nancy Fitzwater
Title Regulatory Compliance Advisor	
•	d as is acknowledged as
	· ·
Date Authorized Signature	Date Authorized Signature
DISTRICTEPRNail to: Past OperatorNe	PRODUCTIONUIC

Side Two Must Be Filed For All Wells

KDOR Lease No.:	206770		_		
*Lease Name:	FIZZELL	*Location:	35 29 39 C N2	<u>.</u>	
Well No.	AP No. (YR DRLD/PRE '67)		om Section Line et from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	151872005100 /	1250 FNL	2590 FEL	GAS	Producing
	,				
					<u>-</u>
7/100					

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)	-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 5952	Well Location:
Name: BP America Production Company	Sec. 35 Twp. 29S R. 39W □East ☑ West
Address 1: P.O. Box 3092	County: STANTON
Address 2:	Lease Name: FIZZELL 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 lease below.
	N2, NE Sec. 35 29S 39W
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.
on the plat are preliminary non-binding estimates. The localions may be submitted.	may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat RECEIVE
Select one of the following:	JUL 02
owner(s) of the land upon which the subject well is or will	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form TKO Form CF form being filed is a Form C-1 or Form CB-1, the plat(s) required by
the KCC will be required to send this information to the su	(s). I acknowledge that, because I have not provided this information, urface owner(s). To mitigate the additional cost of the KCC performing D handling fee, payable to the KCC, which is enclosed with this form.
f choosing the second option, submit payment of the \$30.00 in SONA-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.
hereby certify that the statements made herein are true and corr	rect to the best of my knowledge and belief.
Date:June 25, 2012 Signature of Operator or Ager	nt: Lou Barry Title: Regulatory Supervisor

Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rng
ANGLE, KAREN R ETAL	4650 S LEISURE CT		ЕЦІСОТІ СІТУ	MD	21043	35	29	39W
JULIAN, ELLA MAE REVOCABLE TRUST	1737 S RD F		NOSNHO	KS	67855	35	29	39W
BYERS, JOSEPH M LIVING TRUST	707 N DURHAM		ULYSSES	KS	67880	35	29	39W

RECEIVED JUL 0 2 2012 KCC WICHITA