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.

Che	eck Applicable Boxes:	Effective Date of Transfer: July 1, 2012
	Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 206776
Ø	Gas Lease: No. of Gas	Lease Name:FOSTER A
	Gas Gathering System:	<u>- S2_</u> Sec_ <u>32_</u> Twp <u>_23S_R_36W_</u> □E□W
	Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 32 23S 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	Production Zone(s):COUNCIL GROVE
	Number of injection wells	Injection Zone(s):
Fiel	d NamePANOMA	injection zone(e).
	face 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
Pas P.C	st Operator's License No5952	Contact Person: Lou Barry Room 3.142B WL-1 Phone 281-366-7816 Date 6/25/2012 Signature RECEIVED
Nev	w Operator's License No. 33999	Contact Person: Nancy Fitzwater
	w Operator's Name & Address Linn Operating, Inc.	Phone 281-840-4266 30L U 2 2012
_	600 Travis, Suite 5100 Houston, Texas 77002	Date 6/25/2012 KCC WICHITA
Title	Regulatory Compliance Advisor	Signature Mancy Filtzwaler
doe		thorization, surface pit permit #has been noted, approved and dul dgment of transfer pertains to Kansas Corporation Commission records only an it. is acknowledged as the new operator of the above named lease containing the surface pit
	: Recommended action	permitted by No.:
	Authorized Signature	Authorized Signature
- 1	DISTRICTEPR /2/29/12	PRODUCTION 10-30-12
	Mail to: Past Operator New Ope	erator District

Side Two Must Be Filed For All Wells

KDOR Lease No.:		A			
*Lease Name:		*Location:	32 23 36 C S2		
Well No.	AP No. (YR DRLD/PRE '67)		m Section Line at from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150932052200/	1320 FSL	2550 FWL	GAS	Producing
· · · · · · · · · · · · · · · · · · ·					
AND					
				Company of the second	
·					
	-		-		

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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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.: 201205
☑ Gas Lease: No. of Gas**	Lease Name: FOSTER A
☐ Gas Gathering System:	<u>NE_Sec_32_Twp23S_R_36W_</u> □ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 32 23S 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 NameHUGOTON	
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. <u>5952</u> Past Operator's Name & Address <u>BP America Production Company</u> P.O. Box 3092, Houston, TX 77253 Title <u>Regulatory Supervisor</u>	Contact Person:Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012 Signature
New Operator's License No. 33999	Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012
New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Phone <u>281-840-4266</u> Oil/Gas Purchaser KCC 14/40
	Date 6/25/2012
Title Regulatory Compliance Advisor	Signature Mancy Filtywaler
Acknowledgment of Transfer: The above request for transfer of injection at 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 No.: Recommended action	adgment of transfer pertains to Kansas Corporation Commission records only an
Date	Date
Authorized Signature	Authorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator New Ope	erator District

Side Two Must Be Filed For All Wells

KDOR Lease No.:	201205 V	<u>-</u> -			
*Lease Name:	FOSTER A	*Location:	32 23 36 SW 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	150930014400⁄	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.: 219113
☑ Gas Lease: No. of Gas**	Lease Name: FOSTER A
□ Gas Gathering System:	<u>NW_</u> Sec_32_Twp23S_R_36W_□ E □ W
□ Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 32 23S 36W NW 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	
Surface Pit Permit No. (API No. if Drill Pit. WO or Haul)	feet from D N / D S Line feet from D E / D W Line
☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling	☐ Haul-Off ☐ Workover ☐ Drilling
Past Operator's License No	Contact Person: Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012 Signature
	authorization, surface pit permit #has been noted, approved and du edgment of transfer pertains to Kansas Corporation Commission records only annit.
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	Date Authorized Signature
DISTRICTEPR	PRODUCTIONUIC
Mail to: Past Operator New Op	erator District

Side Two Must Be Filed For All Wells

KDOR Lease No.	: <u>219113</u> 🗸				
*Lease Name:	FOSTER A	*Location:	32 23 36 SW NE		
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)
зні	150932126200 /	4030 FSL	3780 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.

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. <u>32</u> Twp. <u>23S</u> R. <u>36W</u> □East ☑ West
Address 1: P.O. Box 3092	County: KEARNY
Address 2:	Lease Name: FOSTER A 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: <u>smyerscd@bp.com</u>	NE, NW, S2 Sec. 32 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:	
this form is being submitted with a Form C-1 (Intent) or CB-1 and the KCC with a plat showing the predicted locations of lease the plat are preliminary non-binding estimates. The locations	(Cathodic Protection Borehole Intent), you must supply the surface owners se 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
this form is being submitted with a Form C-1 (Intent) or CB-1 and the KCC with a plat showing the predicted locations of leas in the plat are preliminary non-binding estimates. The locations hay be submitted.	(Cathodic Protection Borehole Intent), you must supply the surface owners 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
f this form is being submitted with a Form C-1 (Intent) or CB-1 and the KCC with a plat showing the predicted locations of leas in the plat are preliminary non-binding estimates. The locations hay be submitted. Select one of the following:	(Cathodic Protection Borehole Intent), you must supply the surface owners se 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
☑ I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will	tice Act (House Bill 2032), I have provided the following to the located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by
 ☑ 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 s 	tice Act (House Bill 2032), I have provided the following to the Corner I 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 aber, fax, and email address. r(s). I acknowledge that, because I have not provided this information, surface owner(s). To mitigate the additional cost of the KCC performing
 ☑ 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 s this task, I acknowledge that I am being charged a \$30.00 f choosing the second option, submit payment of the \$30.00 	tice Act (House Bill 2032), I have provided the following to the following to the I 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 aber, fax, and email address. In (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. In the fee is not received with this form, the
 ☑ 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 s this task, I acknowledge that I am being charged a \$30.00 	tice Act (House Bill 2032), I have provided the following to the following to the I 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 other, 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. In the fee is not received with this form, the T-1, or Form CP-1 will be returned.

Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rng
HAMPTON, NORMAN F 242	242 NEW MARK ESPLANADE		ROCKVILLE	MD	20850-2733	32	23	36W
BEYMER & BEYMER INC	PO BOX 363		LAKIN	KS	67860	32	23	36W
PANZER, GARRETT G & KIMBERLY M 146	1466 ROAD 190		LAKIN	KS	67860	32	23	36W

RECEIVED
JUL 0 2 2012
KCC WICHITA