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:

☐ Oil Lease: No. of Oil Wells_____ **

☑ Gas Lease: No. of Gas 1 **

☐ Gas Gathering System: _____

☐ 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 _____

Field Name HUGOTON

** *Side Two Must Be Completed.*

Effective Date of Transfer: July 1, 2012

KS Dept of Revenue Lease No.: 200621

Lease Name: CLOW TILLIE UN

__-__-__-NW Sec 27 Twp 27S R 38W ☐ E ☐ W

Legal Description of Lease: Sec. 27 27S 38W NW Qtr.

County: GRANT

Production Zone(s): CHASE

Injection Zone(s): _____

070112_clow_tillie_UN.pdf

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 OR ☐ Drilling

Past Operator's License No. 5952 Exp 6/30/12

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

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JUL 02 2012
KCC WICHITA

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

Contact Person: Nancy Fitzwater

Phone 281-840-4266

Oil/Gas Purchaser _____

Date 6/25/2012

Signature Nancy Fitzwater

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and 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 _____

Date _____ _____ Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:_____

Date _____ _____ Authorized Signature

DISTRICT_____ EPR 11/21/12 PRODUCTION 11-26-12 UIC 11-26-12

Mail to: Past Operator_____ New Operator_____ 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.: 200621

*Lease Name: CLOW TILLIE UN *Location: 27 27 38 C SE NW

Well No.	AP No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FS:L = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
1	150670037600	1980 FNL	1980 FWL	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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March 2010
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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:

☐ Oil Lease: No. of Oil Wells_____**

☑ Gas Lease: No. of Gas 1 **

☐ Gas Gathering System: _____

☐ 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 _____

Field Name PANOMA

** *Side Two Must Be Completed.*

Effective Date of Transfer: July 1, 2012

KS Dept of Revenue Lease No.: 207810

Lease Name: CLOW TILLIE UN

__-__-__-S2 Sec 27 Twp 27S R 38W ☐ E ☐ W

Legal Description of Lease: Sec. 27 27S 38W S2

County: GRANT

Production Zone(s): COUNCIL GROVE

Injection Zone(s): _____

Surface Pit Permit No. _____ (API No. if Drill Pit. WO or Haul)

_____ feet from ☐ N / ☐ S Line

_____ feet from ☐ E / ☐ W Line

☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ 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

Contact Person: Lou Barry Room 3.142B WL-1

Phone 281-366-7816

Date 6/25/2012

Signature Lou Barry

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JUL 02 2012
KCC WICHITA

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

Contact Person: Nancy Fitzwater

Phone 281-840-4266

Oil/Gas Purchaser _____

Date 6/25/2012

Signature Nancy Fitzwater

Acknowledgment of Transfer: **The above request for transfer of injection authorization, surface pit permit # _____has been noted, approved and duly** recorded in the records of the Kansas Corporation Commission. This acknowledgment **of transfer pertains to Kansas Corporation Commission records only and** 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 _____

Date _____ _____ Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:_____

Date _____ _____ Authorized Signature

DISTRICT_____EPR_____ PRODUCTION_____UIC_____

Mail to: Past Operator_____ New Operator_____ 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.: 207810

*Lease Name: CLOW TILLIE UN *Location: 27 27 38 C N2 S2

Well No.	AP No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FS:L = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
2	150672013700	1840 FSL	2575 FWL	GAS	Producing

A separate sheet may be attached if necessary.

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March 2010
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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:

☐ Oil Lease: No. of Oil Wells_____ **

☑ Gas Lease: No. of Gas 1 **

☐ Gas Gathering System: _____

☐ 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 _____

Field Name HUGOTON

***** Side Two Must Be Completed.***

Effective Date of Transfer: July 1, 2012

KS Dept of Revenue Lease No.: 218433

Lease Name: CLOW TILLIE UN

__ - __ - __ - NE Sec 27 Twp 27S R 38W ☐ E ☐ W

Legal Description of Lease: Sec. 27 27S 38W NE Qtr.

County: GRANT

Production Zone(s): CHASE

Injection Zone(s): _____

Surface Pit Permit No. _____ (API No. if Drill Pit. WO or Haul)

_____ feet from ☐ N / ☐ S Line

_____ feet from ☐ E / ☐ W Line

☐ Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ 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

Contact Person: Lou Barry Room 3.142B WL-1

Phone 281-366-7816

Date 6/25/2012

Signature Lou Barry

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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

Contact Person: Nancy Fitzwater

Phone 281-840-4266

Oil/Gas Purchaser _____

Date 6/25/2012

Signature Nancy Fitzwater

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_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.:_____. Recommended action _____

Date _____ _____ Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:_____

Date _____ _____ Authorized Signature

DISTRICT_____ EPR_____ PRODUCTION_____ UIC_____

Mail to: Past Operator_____ New Operator_____ 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.: 218433

*Lease Name: CLOW TILLIE UN *Location: 27 27 38 NW SE NE

Well No.	AP No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FS:L = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandoned)
3	150672082100	3356 FSL	1250 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.

Form KSONA-1
July 2010
Form Must be Typed
Form Must be Signed
All blanks must be Filled

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
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
Name: BP America Production Company
Address 1: P.O. Box 3092
Address 2:
City: Houston State: Texas Zip: 77253
Contact Person: DeAnn Smyers
Phone: (281) 366-4395 Fax: (281) 366-7836
Email Address: smyerscd@bp.com

Well Location:
__ - __ - __ - __ Sec. 27 Twp. 27S R. 38W ☐East ☑ West
County: GRANT
Lease Name: CLOW TILLIE UN Well #:

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

NE, NW, S2 Sec. 27 27S 38W

Surface Owner Information:
Name: See Surface Owner Attachment
Address 1:
Address 2:
City: State: Zip:

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

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KCC WICHITA

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 owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the 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 number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a $30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the $30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: June 25, 2012 Signature of Operator or Agent: Lou Barry Title: Regulatory Supervisor

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

Surface Owner Attachment

Name	Address1	Address2	City	State	ZIP	Sec	Twp	Rng
WALKER, DONNA M E	PO BOX 581		JOHNSON	KS	67855	27	27	38W