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.: 204200 | | | |
| ☑ Gas Lease: No. of Gas** | Lease Name: WOOD, EMMA A | | | |
| ☐ Gas Gathering System: | NE_Sec_28_Twp24S_R_32W_□ E □ W | | | |
| □ Saltwater Disposal Well - Permit No.: | Legal Description of Lease: Sec. 28 24S 32W C | | | |
| Spot Location:feet from □ N / □ S Line | | | | |
| feet from \square E / \square W Line | | | | |
| ☐ Enhanced Recovery Project Permit No.: | County: FINNEY | | | |
| Entire Project: | Production Zone(s): CHASE | | | |
| Number of injection wells | Injection Zone(s): | | | |
| Field Name HUGOTON ** Side Two Must Be Completed. | | | | |
| 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 $ \bigcirc $ | | | |
| Past Operator's License No. 5952 Exp. 4/30/12 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 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 Title Regulatory Compliance Advisor | Contact Person: Nancy Fitzwater Phone 281-840-4266 Oil/Gas Purchaser Date 6/25/2012 Signature 7 Mancy Titzwater | | | |
| Acknowledgment of Transfer: The above request for transfer of injection a 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. | 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.: | | | |
| DateAuthorized Signature | Date Authorized Signature | | | |
| DISTRICTEPR3/13/14 Mail to: Past OperatorNew Op | PRODUCTION 3. 15.13 UIC 3-15-13 RECEIVED District MAD 1.1 0000 | | | |

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

KCC WICHITA

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

Side Two

Must Be Filed For All Wells

| KDOR Lease No.: | 204200 | | | | |
|---|-----------------------------|-------------|--------------------------------------|---|--------------------------------------|
| *Lease Name: | WOOD, EMMA A | *Locati | ion: <u>28 24 32</u> | <u>C</u> | |
| 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 | 150550085900 | 2640 FSL | 2640 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.

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) | B-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: 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: |
| 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. |
| and the KCC with a plat showing the predicted locations of lead on the plat are preliminary non-binding estimates. The location may be submitted. | (Cathodic Protection Borehole Intent), you must supply the surface owners se roads, tank batteries, pipelines, and electrical lines. The locations shown as 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 wi | otice Act (House Bill 2032), I have provided the following to the surface all 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 mber, fax, and email address. |
| the KCC will be required to send this information to the s | er(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. |
| 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 co | 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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KCC WICHITA

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RECEIVED
MAR 1 1 2013
KCC WICHITA

| DAMME WILLIAM H & ERMA C FARMS LLC | Name |
|------------------------------------|----------|
| PO BOX 36 | Address1 |
| | Address2 |
| TALMAGE | City |
| NE. | State |
| 68448-0036 | ZIP |
| 28 | Sec |
| 24 | Twp |
| 32W | Rng |