Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 July 2014 Form must be Typed Form must be Signed All blanks must be Filled

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: MUST be subm	itted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:01/01/15		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 207132 Lease Name: ALFORD JOHN		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	<u>SW Sec. 8 Twp. 30 R. 36</u> E V W		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	SW Sec 8 Twp 30 Rge 36 W		
Entire Project: Yes No	County: GRANT Production Zone(s): COUNCIL GROVE GROUP		
Number of Injection Wells **			
Field Name: PANOMA GAS AREA			
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.: N/A (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Sectionfeet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling		
Past Operator's License No. 4824 /	Contact Person: DALE BANKHEAD		
Past Operator's Name & Address: PIONEER NATURAL RES. USA INC.	Phone: 972-969-3886		
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date:		
	Signature: KCC WICHITA		
Title: CORPORATE ENGINEERING V.P.	Signature:		
00000	DEC 3 0 2014		
New Operator's License No. 33999 /	Contact Person: NANCY FITZWATER RECEIVED		
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES		
600 TRAVIS, SUITE 5100			
HOUSTON, TEXAS 77002	Date: 12/08/2014		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzmater		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # N/A has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
is acknowledged as	is acknowledged as		
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Poto	Deter		
Date:	Date:		
1 111 15	PRODUCTION JAN 1 5 2015 JAN 1 5 2015		
Mail to: Past Operator New Operat	The both of the state of the st		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 20/132				
* Lease Name:	ALFORD JOHN		* Location: S	SW Sec 8 Twp 30 Rge	36 W
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
5-8	15-067-20315-0000	Circle 1320 RSI/FNL	Circle 1320 FEL/RWD	GAS	PR
		FSL/FNL	FEL/FWL		····
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		DEC 3 0 2014
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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 2014
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 (CB-1)	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	SW Sec. 8 Twp. 30 S. R. 36 East X West		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	CDANT		
Address 2: SUITE 200	County: GRANT Lease Name: ALFORD JOHN Well #: 5-8		
City: IRVING State: TX 7in: 75039	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: DALE BANKHEAD	the lease below:		
Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICHIT		
Email Address: dale.bankhead@pxd.com	DEC 3 0 2014		
Surface Owner Information: Name: MARGARET ALFORD	RECEIVED		
Name: MARGARET ALFORD Address 1: 4179 E RD 19	When filing a Form T-1 involving multiple surface owners, attach an additiona sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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.		
City: ULYSSES State: KS Zip: 67880 +	county, and in the real estate property tax records of the county acastron.		
are preliminary non-binding estimates. The locations may be entered or Select one of the following:	s batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be lo	ct (House Bill 2032), I have provided the following to the surface ocated: 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 this and email address.		
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the rner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
12/08/2014 Date: Signature of Operator or Agent:	Corporate Engineering V.P. Title:		