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 Kansa's Surface Owner Notification Act,

MUST be submitted with this form. Check Applicable Boxes: Effective Date of Transfer: __01/01/15 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 213579 Gas Gathering System: Lease Name: BAIN Saltwater Disposal Well - Permit No.: ___ SW - NW - NW - Sec. 9 Twp. 30 R. 36 EVW _ feet from N / S Line Legal Description of Lease: _ feet from E / W Line NW Sec 9 Twp 30 Rge 36 Enhanced Recovery Project Permit No.: _ County: GRANT Entire Project: Yes No Number of Injection Wells _ Production Zone(s): COUNCIL GROVE Field Name: PANOMA GAS AREA Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Past Operator's License No. DALE BANKHEAD Contact Person: Phone: _972-969-3886 PIONEER NATURAL RES. USA INC. Past Operator's Name & Address: Date: ___ Received 5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039 KANSAS CORPORATION COMMISSION Title: CORPORATE ENGINEERING V.P. Signature: _ CONSERVATION DIVISION NANCY FITZWATER New Operator's License No. -WICHITA, KS Contact Person: New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4266 600 TRAVIS, SUITE 5100 PIONEER NATURAL RESOURCES Oil / Gas Purchaser: Date: _12/08/2014 HOUSTON, TEXAS 77002 REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Nancu Fitzwater Signature: _ Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 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 _____. Recommended action: permitted by No.: ___ Date: Authorized Signature DISTRICT PRODUCTION Mail to: Past Operator __ New Operator District

Side Two

Must Be Filed For All Wells

Lease Name:	BAIN		* Location: N	W Sec 9 Twp 30 Rge 30	6
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/Abandone
1-9R	15-067-21469-0001	1250 Circle	204 Circle	GAS	PR
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		F\$L/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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

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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 # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	SW NW NW Sec. 9 Twp. 30 S. R. 36 ☐ East West		
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD	County: GRANT		
Address 2: SUITE 200	Lease Name: BAIN Well #: 1-9R		
City: IRVING State: TX 7in: 75039	If filling a Form T.1 for multiple walls on a loose enter the local description of		
Contact Person: DALE BANKHEAD	the lease below:		
Contact Person: DALE BANKHEAD Phone: (972) 969-3886	Received KANSAS CORPORATION COMMISSION		
Email Address: dale.bankhead@pxd.com	DEC 3 1 2014		
Surface Owner Information:	CONSERVATION DIVISION WICHITA, KS		
Name: PAULINE ALFORD	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 4179 E RD 19	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: ULYSSES State: KS Zip: 67880 +			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, tai	nodic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat		
 the KCC with a plat showing the predicted locations of lease roads, tall are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of 	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1 or Form CB-1, the plat(s) required by this and email address. Acknowledge that, because I have not provided this information, the powner(s). To mitigate the additional cost of the KCC performing this		
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