### 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,
MIST be submitted with this form

Check Applicable Boxes:	MUST be submitted 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.:
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	S Line E2 - W2 - NW - SE Sec. 31 Twp. 28 R. 37 E W
feet from E /	W Line Legal Description of Lease:
Enhanced Recovery Project Permit No.:	SE Sec 31 Twp 28 Rge 37 W
Entire Project: Yes No	County: GRANT
Number of Injection Wells**	Production Zone(s): CHASE GROUP
Field Name: HUGOTON GAS AREA	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: N/A	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul,	
Type of Pit: Emergency Burn S	
Type of Pit: Emergency Burn S	
Past Operator's License No4824 /	Contact Person: DALE BANKHEAD
Past Operator's Name & Address: PIONEER NATURAL RE	S. USA INC. Phone: 972-969-3886
5205 N. O'CONNOR BLVD, SUITE 200 IRVING,	ALL VIII WILL
Title: CORPORATE ENGINEERING V.P.	Signature:
Tide.	RECEIVED
New Operator's License No.	Contact Person: NANCY FITZWATER
New Operator's Name & Address: LINN OPERATING, INC.	
600 TRAVIS, SUITE 5100	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES
HOUSTON, TEXAS 77002	Date: 12/08/2014
Title: REGULATORY COMPLIANCE ADVISOR/SUPERV	/ISOR Signature:
Acknowledgment of Transfer: The above request for transfer.	nsfer of injection authorization, surface pit permit # N/A has been
	sas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownersh	
	p motost in the above injection mental of the permit.
is ack	knowledged 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:	
. Hossimistad dollon	
Date:	
Authorized Signature	Authorized Signature
DISTRICT EPR /-/	7-15 PRODUCTION JAN 1 5 2015 UID AN 1 5 2015
Mail to: Past Operator	New Operator District

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	BAYER		Location:	SE Sec 31 Twp 28 Rge	37 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)
1-31	15-067-00563-0000 <sup>/</sup>	1980 Circle	2150 Circle	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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		EQL/ENI	EEL/EM/		

A separate sheet may be attached if necessary

<sup>\*</sup> 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	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 4824	Well Location:		
OPERATOR: License # 4824  Name: PIONEER NATURAL RES. USA INC.	E2 W2 NW SE Sec. 31 Twp. 28 S. R. 37 East West		
Name: PIONEER NATURAL RES. USA INC.  Address 1: 5205 N O'CONNOR BLVD  SUITE 200			
Address 2: SUITE 200	County: GRANT  Lease Name: BAYER Well #: 1-31		
City: IRVING State: TX 7in: 75039	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  KCC WICHITA		
Contact Person: DALE BANKHEAD			
City: IRVING State: TX Zip: 75039 +  Contact Person: DALE BANKHEAD  Phone: ( 972 ) 969-3886 Fax: ( 972 ) 969-3587			
Email Address: dale.bankhead@pxd.com			
	DEC 3 0 2014		
Surface Owner Information:	RECEIVED		
	When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: CAROL REYNOLDS  Address 1: RT 1 BOX 21	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: RUSH CENTER State: KS Zip: 67575 +			
	k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
<ul> <li>✓ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I/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, a</li> <li>✓ I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner</li> </ul>	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 nd email address.  cknowledge that, because I have not provided this information, the wner(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		
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-	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.		