

**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 Wells 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: HUGONTON GAS AREA

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

Effective Date of Transfer: 01/01/15 *ok*

KS Dept of Revenue Lease No.: 200508

Lease Name: BLACKWELDER G D

_____ NW _____ SW _____ SE Sec. 23 Twp. 29 R. 35 ☐ E ☒ W

Legal Description of Lease: _____

SE Sec 23 Twp 29 Rge 35 W

County: GRANT

Production Zone(s): CHASE

Injection Zone(s): _____

Surface Pit Permit No.: N/A
(API No. if Drill Pit, WO or Haul)

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

Past Operator's License No. 4824

Past Operator's Name & Address: PIONEER NATURAL RES. USA INC.
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039

Title: CORPORATE ENGINEERING V.P.

Contact Person: DALE BANKHEAD

Phone: 972-969-3886

Date: 12/08/2014

Signature: _____ *DALE* **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/SUPERVISOR

Contact Person: NANCY FITZWATER

Phone: 281-840-4266

Oil / Gas Purchaser: PIONEER NATURAL RESOURCES

Date: 12/08/2014

Signature: _____ *Nancy Fitzwater*

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # N/A 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 1-14-15 PRODUCTION JAN 15 2015 UIC JAN 15 2015
Mail to: Past Operator _____ New Operator _____ District _____

