### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1
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: Oil Lease: No. of Oil Wells \_ Effective Date of Transfer: \_\_01/01/15 Gas Lease: No. of Gas Wells \_\_\_\_\_1 KS Dept of Revenue Lease No.: 226182 Gas Gathering System: Lease Name: BLAKE Saltwater Disposal Well - Permit No.: \_ \_- <u>SE NE Sec. 18 Twp. 30 R. 36 F/W</u> \_\_ feet from N / S Line feet from E / W Line Legal Description of Lease: \_ NE Sec 18 Twp 30 Rge 36 Enhanced Recovery Project Permit No.: \_ Entire Project: Yes No County: \_GRANT Number of Injection Wells \_ Production Zone(s): CHASE Field Name: HUGOTON GAS AREA Injection Zone(s):\_ \*\* Side Two Must Be Completed. N/A Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Settling Burn Haul-Off Workover 4824 -Past Operator's License No. DALE BANKHEAD Contact Person: Past Operator's Name & Address: PIONEER NATURAL RES. USA INC. Phone. 972-969-3886 Date: \_\_\_ 5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039 Received KANSAS CORPORATION COMMISSION Title: CORPORATE ENGINEERING V.P. Signature: \_ CONSERVATION DIVISION NANCY FITZWATER New Operator's License No. . Contact Person: WICHITA, KS New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4266 600 TRAVIS, SUITE 5100 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: \_12/08/2014 HOUSTON, TEXAS 77002 REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Nancu Fitzwatez 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 Authorized Signature DISTRICT \_ PRODUCTION . Mail to: Past Operator \_ **New Operator** District \_

#### Side Two

#### Must Be Filed For All Wells

* Lease Name: BLAKE			* Location: N	* Location: NE Sec 18 Twp 30 Rge 36		
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)	
1-18R	15-067-21616-0000	1980 Circle	660 ŒEDFWL	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			
		FSL/FNL				
			FEL/FWL			
			FEL/FWL	R	eceived	
			FEL/FWL		ORATION COMMISSION 3 1 2014	
		501 (5A)	FEL/FWL	_	ATION DIVISION	
				— WiG	CHITA, KS	
			FEL/FWL			
		-				
		FSL/FNL _	FEL/FWL .			

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)   **IT-1 (Transfer)   CP-1 (Plugging Application)  AMENDED		
OPERATOR: License # 4824			
Name: PIONEER NATURAL RES. USA INC.  Address 1: 5205 N O'CONNOR BLVD  Address 2: SUITE 200	Well Location:		
Address 1: 5205 N O'CONNOR BLVD			
Address 2: SUITE 200	County: GRANT  Lease Name: BLAKE Well #: 1-18R		
Address 2:			
Contact Person: DALE BANKHEAD For questions call Virginia 972-969-5837	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: (972 ) 969-3889 Fau: (972 ) 969-3587			
Email Address: dale.bankhead@pxd.com			
Surface Owner Information: KANSAS CORPORATION COMMISSION			
Name: CSF LLC FFR (1.2.2016			
Address 2: P.O. BOX 1003  Address 2: SONSERVATION DIVISION  WHEN THE MEDICAL PROPERTY OF THE P	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		
Address 2: CONSERVATION DIVISION WICK THE CONTROL OF THE CONTROL O			
City: ULYSSES State: KS Zip: 67880 +	county, and in the real estate property tax records of the county treasurer.		
State Zip:+			
ne KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	fic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	eing filed is a Form C.1 as Form C.5.1, Form T-1, or Form		
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	of the curfees additional cost of the KCC performing this		
choosing the second option, submit payment of the \$30.00 handling ferm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
	wiii be retarried.		
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 hereby certify that the statements made herein are true and correct to the 12/08/2014 here:  Signature of Operator or Agent:	ne best of my knowledge and belief.		