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:	neu with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 01/01/15 KS Dept of Revenue Lease No.: 200285		
Gas Lease: No. of Gas Wells **			
Gas Gathering System:	Lease Name: BOUSSER		
Saltwater Disposal Well - Permit No.:	SESENW_Sec16Twp30R37 E V W		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: NW Sec 16 Twp 30 Rge 37 W County: GRANT Production Zone(s): CHASE GROUP		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells **			
Field Name: HUGOTON 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 Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling ¿১٠٠٠		
Past Operator's License No	Contact Person: DALE BANKHEAD		
Past Operator's Name & Address: PIONEER NATURAL RES. USA INC.	Phone: 972-969-3886 KCC WICHI		
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date: 12/08/2014 DEC 3 0 2014		
Title: CORPORATE ENGINEERING V.P.	Signature: RECEIVED		
New Operator's License No. 33999 /	Contact Person: NANCY FITZWATER		
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4266		
600 TRAVIS, SUITE 5100	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES		
HOUSTON, TEXAS 77002	Date: 12/08/2014		
	Signature: Nancy Sitzwaler		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
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.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
DISTRICT EPR	PRODUCTION JAN 1 5 2015 USAN 1 5 2015		
Mail to: Past Operator New Operato	District		

Side Two

Must Be Filed For All Wells

ease Name:	BOUSSER		* Location:	W Sec 16 Twp 30 Rge	37 W
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
l-16	15-067-00615-0000	3050 Circle	2730 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		
		FSL/FNL	FEL/FWL		KCC WICH
		FSL/FNL	FEL/FWL		DEC 3 0 201
		FSL/FNL	FEL/FWL		RECEIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		-0. /			
		-0. /			

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 (C	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) AMENDED		
OPERATOR: License # 4824	Well Location:		
Name. PIONEER NATURAL RES. USA INC.	SESENWSec16Twp30S. R37 East 🗵 West County: GRANT		
Address 1: 5205 N O'CONNOR BLVD			
Address 2: SUITE 200	Lease Name: BOUSSER Well #: 1-16		
City: IRVING State: TX Zip: 75039 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: DALE BANKHEAD FOR QUESTIONS, CALL VIRGINIA TIJERINA 972-969-5837			
Phone: (972) 969-3889 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com	. art		
Email Address: dale.bankhead@pxd.com Received RANSAS CORPORATION COM	MISSION		
Address 1: 921 N. SULLIVAN ST Address 2:	batteries, pipelines, and electrical lines. The locations shown on the plat		
are preliminary non-binding estimates. The locations may be entered on Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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, an I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own	cated: 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 diemail address. Considering the control 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-1	ee 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 t	ne best of my knowledge and belief.		
	2		
12/08/2014 Date: Signature of Operator or Agent: Disa	Title:		