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 Kansas Surface Owner Notification Act, MUST be submitted with this form.

| New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4266 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR 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 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: Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES PlonEER NATURAL RESOURCES NANCY FITZWATER Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Signature: NANCY FITZWATER Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: 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 of the above named lease containing the surface pit permit No.: Permit No.: Phone: 281-840-4266 | Check Applicable Boxes: MUST be subm | itted with this form. | | | |
|--|--|--|--|--|--|
| Gas Gathering System: Gastwater Disposal Well - Permit No.: Spot Location: Spot Location: Spot Location: Spot Location: Get from N / S Line Get from S / W Line Get from N / S Line of Section Fleid Name: HUGOTON GAS AREA "Side Two Must Be Completed. Surface Pit Permit No.: (API No. # Ibmi Pit, W Oar Hairl) Type of Pit: Get from N / S Line of Section Get from N / S Line of Section Get from S / W Line of Section Get from N / S Line of Section Get from N / S Line of Section Get from S / W Line of Section Get from | Oil Lease: No. of Oil Wells** | Effective Date of Transfer: 01/01/15 | | | |
| Gast Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Enhanced Recovery Project Permit No.: feet from E / W Line Logal Description of Leaser: SW Sec. 10 Twp. 23 R. 39 EV W Lone Logal Description of Leaser: SW Sec. 10 Twp. 33 Rg. 39 W County. STEVENS SW Sec. 10 Twp. 33 Rg. 39 W County. Stevens SW Sec. 10 Twp. 33 Rg. 39 W County. Stevens SW Sec. 10 Twp. 33 Rg. 39 W County. Stevens SW Sec. 10 Twp. 33 Rg. 39 W County. Stevens SW Sec. 10 Twp. 33 Rg. 39 W County. Stevens SW Sec. 10 Twp. 33 Rg. 39 W County. Stevens SW Sec. 10 Twp. 33 Rg. 39 W County. Stevens SW Sec. 10 Twp. 33 Rg | Gas Lease: No. of Gas Wells** | KS Dept of Revenue Lease No. 221087 | | | |
| Signt Spocal Well: Permit No: Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No: Entire Project: vel No Number of Injection Wells: Field Name: HUGOTON GAS AREA "Side Two Must Be Completed. Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) [APINa I DIST PIL, WO or Head) Surface Pit Permit No: N/A [APINa I DIST PIL, WO or Head) [APINA I DIST PIL, | Gas Gathering System: | | | | |
| Legal Description of Lease: SW Sec 10 Twp 33 Rige 39 W Country Project Permit No.: Enhanced Recovery Project Permit No.: Enhanced Recovery Project Permit No.: SW Sec 10 Twp 33 Rige 39 W Country: STEVENS Production Zone(s): CHASE GROUP Injection Zone(s): Contact Person: Ch | Saltwater Disposal Well - Permit No.: | | | | |
| Enhanced Recovery Project Permit No: Entire Project: Yes No Number of Injection Wells Field Name: HUGOTON GAS AREA **Side Two Must Be Completed.* Surface Pit Permit No: (API No. II Drail Pit, WO or Haul) Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling K.A Contact Person: DALE BANKHEAD Phone: 972-969-3886 Date: 12/08/2014 KCC WICH: Signature: DEC 3 0 2014 Acknowledgment of Transfer: The above request for transfer of Injection authorization, surface pit permit. Is acknowledged as the new operator and may continue to Inject fluids as authorized by Permit No: Authorized Signature Production Zone(s): Contact Person: DALE BANKHEAD Production Zone(s): ChASE GROUP Injection Zone(s): Injection Zone(s): Injection Zone(s): Injection Zone(s): ChASE GROUP Injection Zone(s): Inject | Spot Location: feet from N / S Line | Sec. 10 Twp. 33 R. 39 E V W | | | |
| Entire Project: | feet from E / W Line | 1 | | | |
| Number of Injection Wells Field Name. HUGOTON GAS AREA **Side Two Must Be Completed.** Surface Pit Permit No.: V/A (API No. II Drill PIX, WO or Hauli) | Enhanced Recovery Project Permit No.: | County: STEVENS | | | |
| Field Name: HUGOTON GAS AREA "Side Two Must Be Completed." Surface Pit Permit No.: N/A (API No. If Drill Pit. WO or Haul) (API No. If Drill Pit. Wo of Section (API No. If Drill Pit. Wo or Haul) (API No. If Drill Pit. Wo or Haul) (API No. If Drill Pit. Wo of Section (API No. If Drill Pit. Wo or Haul) (API No. If Section (API No. If Drill Pit. Wo or Haul) (API No. If Section (API No. If Section (API No. If Drill Pit. Wo or Haul) (API No. If Section (API No. If Se | Entire Project: Yes No | | | | |
| Injection Zone(s): Injecti | | | | | |
| Surface Pit Permit No.: N/A Surface Pit Permit N/A Surface | Field Name: HUGOTON GAS AREA | | | | |
| Setting | ** Side Two Must Be Completed. | injection zone(s). | | | |
| Setting | Surface Pit Permit No.: N/A | fact from NI / C Line of Continu | | | |
| Type of Pit: | (API No. if Drill Pit, WO or Haul) | | | | |
| 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. New Operator's License No. 33999 New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE \$100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR 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 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 Contact Person: DALE BANKHEAD Contact Person: NANCY FITZWATER RECEIVED District Signature: DISTRICT Authorized Signature DALE: Authorized Signature DALE: Authorized Signature PRODUCTION PRODUCTION PRODUCTION Authorized Signature DISTRICT PRODUCTION PRODUCTION PRODUCTION PRODUCTION Authorized Signature DISTRICT Authorized Signature PRODUCTION PRODUCTION PRODUCTION Authorized Signature PRODUCTION PRODUCTION Contact Person: NANCY FITZWATER RECEIVED | Type of Pit: Fmergency Ruro Sottling | ∃u .o., □ | | | |
| 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. Signature: DEC 3 0 - 2014 New Operator's License No. 33999 C Contact Person: NANCY FITZWATER RECEIVED New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Date: 12/08/2014 Signature: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Stzuoto. 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 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 Date: Authorized Signature Phone: 972-969-3886 Date: 12/08/2014 KCC WICH: Contact Person: NANCY FITZWATER RECEIVED NANCY FITZWATER RECEIVED NANCY FITZWATER NANCY FITZWATER RECEIVED NANCY FITZWATER NANCY FITZWATER NANCY FITZWATER RECEIVED NANCY FITZWATER NANC | | | | | |
| 5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039 Title: CORPORATE ENGINEERING V.P. Signature: DEC 3 0 2014 New Operator's License No. New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR 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 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.: Becommended action: Date: Authorized Signature DISTRICT EPR /-/5-/5 PRODUCTION DATE: 12/08/2014 Contact Person: NANCY FITZWATER RECEIVED RECEIVED NANCY FITZWATER NANCY FITZWATER RECEIVED NANCY FITZWATER NANCY FITZWATER RECEIVED NANCY FITZWATER RECEIVED NANCY FITZWATER RECEIVED NANCY FITZWATER RECEIVED NANCY FITZWATER NANCY FITZWATER RECEIVED NANCY FITZWATER RECEIVED NANCY FITZWATER RECEIVED NANCY FITZWATER RECEIVED NANCY FITZWATER NANCY FITZWAT | | | | | |
| Title: CORPORATE ENGINEERING V.P. Signature: DEC 3 0 2014 New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 OII / Gas Purchaser: PIONEER NATURAL RESOURCES HOUSTON, TEXAS 77002 Date: 12/08/2014 Signature: Nancy Fitzwater Nancy Fitzwater Phone: 281-840-4266 OII / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater PloneER NATURAL RESOURCES Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater Plone: 281-840-4266 OII / Gas Purchaser: PIONEER NATURAL RESOURCES Date: Nancy Fitzwater Nancy Fitzwater NAN has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement 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: permitted by No: Date: Authorized Signature District EPR /-/5-/5 PRODUCTION Unit An 1 6 2015 | Past Operator's Name & Address: PIONEER NATURAL RES. USA INC. | | | | |
| Title: CORPORATE ENGINEERING V.P. Signature: DEC 3 0 2014 New Operator's License No. 33999 / Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 OII / Gas Purchaser: PIONEER NATURAL RESOURCES HOUSTON, TEXAS 77002 Date: 12/08/2014 Signature: Nancy Fitzwater Nancy Fitzwater Phone: 281-840-4266 OII / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater PloneER NATURAL RESOURCES Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater Nancy Fitzwater Plone: 281-840-4266 OII / Gas Purchaser: PIONEER NATURAL RESOURCES Date: Nancy Fitzwater Nancy Fitzwater NAN has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement 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: permitted by No: Date: Authorized Signature District EPR /-/5-/5 PRODUCTION Unit An 1 6 2015 | 5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039 | Date: 12/08/2014 KCC WICH | | | |
| New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4266 | Title: CORPORATE ENGINEERING V.P. | men! | | | |
| New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR 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 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 DISTRICT EPR 1-15-15 PRODUCTION DIS | New Operator's License No. 33999 | Contact Person: NANCY FITZWATER RECEIVED | | | |
| HOUSTON, TEXAS 77002 Date: 12/08/2014 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR 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. | | | | | |
| HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Signature: | | | | | |
| 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. | HOUSTON, TEXAS 77002 | | | | |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #N/A | REGULATORY COMPLIANCE ADVISOR/SUPERVISOR | Names Gitamatan | | | |
| 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. | Title: | Signature: | | | |
| Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. | Acknowledgment of Transfer: The above request for transfer of injection | authorization, surface pit permit # N/A has been | | | |
| 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.: Date: Date: | noted, approved and duly recorded in the records of the Kansas Corporation | Commission. This acknowledgment of transfer pertains to Kansas Corporation | | | |
| the new operator and may continue to inject fluids as authorized by Permit No.: | Commission records only and does not convey any ownership interest in the | above injection well(s) or pit permit. | | | |
| Permit No.: | is acknowledged as | is acknowledged as | | | |
| Permit No.: | the new operator and may continue to inject fluids as authorized by | the new operator of the above named lease containing the surface pit | | | |
| DISTRICT EPR /-/5-/5 PRODUCTION Authorized Signature DISTRICT EPR /-/5-/5 PRODUCTION UIC AN 16 2015 Moil to: Past Operator | Permit No.: Recommended action: | | | | |
| DISTRICT EPR /-/5-/5 PRODUCTION Authorized Signature DISTRICT EPR /-/5-/5 PRODUCTION UIC AN 16 2015 Moil to: Past Operator | | | | | |
| DISTRICT EPR | Date: | | | | |
| Moil to: Post Operator | 1 15 17 | JAN 1 6 2015 1 A KI 1 6 2015 | | | |
| | | _ | | | |

Side Two

Must Be Filed For All Wells

| | No.: 221087 | | | | | |
|---------------|------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|--------------------------------------|--|
| * Lease Name: | CHRISTOPHER J A | | * Location: SW Sec 10 Twp 33 Rge 39 W | | | |
| Well No. | API No. (YR DRLD/PRE '67) | Footage from (i.e. FSL = Feet from | Section Line om South Line) | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) | |
| 11-11 | 15-189-21421-0000 | /_1250 Circle | 4035 Circle | GAS | PR | |
| | | 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 | | | |

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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application) | | |
|---|---|--|--|
| OPERATOR: License #_4824 | Well Location: | | |
| Name: PIONEER NATURAL RES. USA INC. | SW Sec. 10 Twp. 33 S. R. 39 East X West | | |
| Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200 City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587 | County: STEVENS | | |
| Address 2: SUITE 200 | Lease Name: CHRISTOPHER J A Well #: | | |
| 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: | | |
| Contact Person: DALE BANKHEAD | | | |
| Phone: (972) 969-3886 Fax: (972) 969-3587 | | | |
| Email Address: dale.bankhead@pxd.com | KCC WICH: | | |
| | DEC 3 0 2014 | | |
| Surface Owner Information: | RECEIVED | | |
| Name: DAVID LIGHT | When filing a Form T-1 involving multiple surface owners, attach an additiona | | |
| Name: DAVID LIGHT Address 1: 601 S. MONROE ST. | 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: | | | |
| City: 110LLA State: 13 Zip: 07934 + | - | | |
| trie KCC with a plat snowing the predicted locations of lease roads, ta | hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | |
| owner(s) of the land upon which the subject well is or will be | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address. | | |
| KCC will be required to send this information to the surface | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. | | |
| If choosing the second option, submit payment of the \$30.00 handlir form and the associated Form C-1, Form CB-1, Form T-1, or Form CI | ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned. | | |
| hereby certify that the statements made herein are true and correct | to the best of my knowledge and belief. | | |
| 12/08/2014 | 1 | | |
| Date: Signature of Operator or Agent: XUN | Title: | | |