### 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.

Check Applicable Boxes: MUST be su	bmitted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
Gas Lease: No. of Gas Wells**			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	<u>E2 _ SE Sec. 15 Twp. 33 R. 39</u> E V W		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	SE Sec 15 Twp 33 Rge 39 W		
Entire Project: Yes No	County: STEVENS		
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)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA		
Past Operator's License No. 4824 /	Contact Person: DALE BANKHEAD		
Past Operator's Name & Address: PIONEER NATURAL RES. USA INC.			
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		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Names Sitemater		
Title:	Signature:		
Acknowledgment of Transfer: The above request for transfer of injecti	ion authorization, surface pit permit # N/A has been		
noted, approved and duly recorded in the records of the Kansas Corporat	ion Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the	he above injection well(s) or pit permit.		
is acknowledged a	s is acknowledged as		
the new operator and may continue to inject fluids as authorized b	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
	_		
Date:	Date:		
DISTRICT EPR/-15-/5	PRODUCTION		
Mail to: Past Operator New Ope			

#### Side Two

#### Must Be Filed For All Wells

	No.: 217504				
' Lease Name: <sub>-</sub>	CHRISTOPHER J A		* Location:	SE Sec 15 Twp 33 Rge	39 W
Well No. API No. (YR DRLD/PRE '67) (i.		Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
13-14	15-189-21423-0000	1350 Circle	200 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 2014
		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		

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:		
Name: PIONEER NATURAL RES. USA INC.	E2_SE_Sec. 15 Twp. 33 S. R. 39 East X West		
Address 1: 5205 N O'CONNOR BLVD			
Address 2: SOTTE 200	Leaso Namo: CHRISTOPHER J A Name 13-14		
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD  Phone: ( 972 ) 969-3886 Fax: ( 972 ) 969-3587  Email Address: dale.bankhead@pxd.com	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: ( 972 ) 969-3886 Fax: ( 972 ) 969-3587	-		
Fmail Address: dale.bankhead@pxd.com	MCC WICHIT DEC 3 0 2014		
Littali Address.			
Surface Owner Information: Name: DORIS DYE	RECEIVED		
Address 1: PO BOX 118	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 doods for the		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
are preliminary non-binding estimates. The locations may be entered	nodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
owner(s) of the land upon which the subject well is or will be 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,			
KCC will be required to send this information to the surface of	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 KCC, which is enclosed with this form.		
f 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	g fee with this form. If the fee is not received with this form, the KSONA-1 2-1 will be returned.		
hereby certify that the statements made herein are true and correct t	to the best of my knowledge and belief.		
12/08/2014	2		
Date: Signature of Operator or Agent:	Title:		