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: MUST be submit	ted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 01/01/15		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 214091		
Gas Gathering System:	Lease Name: COBB		
Saltwater Disposal Well - Permit No.:	<u>SW . SW . SE . NE Sec. 14 Twp. 31 R. 38</u>		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	NE Sec 14 Twp 31 Rge 38 W		
Entire Project: Yes No	County: STEVENS		
Number of Injection Wells**	Production Zone(s): CHASE GROUP		
Field Name: HUGOTON GAS AREA	Injection Zone(s):		
** Side Two Must Be Completed.	Injection Zono(o).		
Surface Pit Permit No.: N/A (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section		
<i>pu</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	feet fromE /W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling		
Past Operator's License No. 4824 /	Contact Person: DALE BANKHEAD		
Past Operator's Name & Address:PIONEER NATURAL RES. USA INC.	Phone: 972-969-3886		
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date:		
	Draw		
Title: CORPORATE ENGINEERING V.P.	Signature:		
New Operator's License No. 33999 /	Contact Person: NANCY FITZWATER RECEIVED		
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4266		
New Operator's Name & Address:	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES		
HOUSTON, TEXAS 77002	Date: 12/08/2014		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature:		
	a sutherization surface hit permit # N/A has been		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit "		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the	s above injection wents) of 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		
Permit No.: Recommended action:	permitted by No.: ·		
Ferritt No			
Date:	Date:		
Date:	Authorized Signature		
DISTRICT EPR /-/5-/5	PRODUCTION JAN 1 6 2015 UID AN 1 6 2015		
Mail to: Past Operator New Opera	atorDistrict		

Side Two

Must Be Filed For All Wells

Lease Name:	COBB		* Location:N	IE Sec 14 Twp 31 Rge	
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
3-14	15-189-20975-0000	Circle 2680 RSD/FNL	1300 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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHIT
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		EQL (ENI)	FEL/FWL		
			FEL/FWL		
			FEL/FWl		
		FSL/FNL	FEL/FWI		

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.

00504T0D, License # 4824	Well Location:		
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	SW_SW_SE_NE_Sec. 14 Twp. 31 S. R. 38 East West		
Address 1, 5205 N O'CONNOR BLVD	County: STEVENS Lease Name: COBB Well #: 3-14		
Address 2: SUITE 200	Lease Name: COBB Well #: 3-14		
Address 2: SOTTE 200 City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: DALE BANKHEAD	the lease below:		
Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICHITA		
Email Address: dale.bankhead@pxd.com			
Surface Owner Information:	RECEIVED		
	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		
Name: WARREN W. SPIKES Address 1: 130 N. JACKSON ST.			
Address 2	county, and in the real estate property tax records of the county treasurer.		
City: HUGOTON State: KS Zip: 67951 +	-		
was the state of least and leastions of least reads t	hodic Protection Borehole Intent), you must supply the surface owners and		
are preliminary non-binding estimates. The locations may be entered	ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice (Support 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 CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice 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 for form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s).	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 CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this less of the surface owner by filling out the top section of this form and		
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice 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 for form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface owner(s).	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 m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this less of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.		
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice 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 for form; and 3) my operator name, address, phone number, face I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address, I am being charged a \$30.00 handling fee, payable to the surface owner(s). 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 CB-1, F	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 m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice 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 for form; and 3) my operator name, address, phone number, face I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address, phone number, face task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface owner(s).	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 CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this less of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.		