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:	I		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 01/01/15 KS Dept of Revenue Lease No.: 200814 Lease Name: CRAIL JOE		
Gas Lease: No. of Gas Wells **			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	NW Sec 8 Twp 30 Rge 35 W		
Entire Project: Yes No	County: GRANT		
Number of Injection Wells **	Production Zone(s): CHASE		
Field Name: HUGONTON 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)			
T (S) Down Couling	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling 以れ		
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 KCC WICHITA		
Title: CORPORATE ENGINEERING V.P.	Signatura		
Tide.	Signature: DEC 3 0 2014		
New Operator's License No. 33999	Contact Person: NANCY FITZWATER RECEIVED		
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			
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Names Titamatan		
Title:	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a	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 a			
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.:		
	But.		
Date: Authorized Signature	Date:		
1 11 15	PRODUCTION JAN 1 5 2015 UIC A N 1 5 2015		
	or District		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 200814				
* Lease Name:	CRAIL JOE		* Location:	IW Sec 8 Twp 30 Rge	35 W
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)
1-8R	15-067-21431-0000	1250 Circle FSL/RISL	1250 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		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		DEC 3 0 2014
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		I SL/FINL			

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)			
ODEDATOD: License # 4824	Well Location:			
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC.				
Address 1: 5205 N O'CONNOR BLVD	CDANT			
Address 2: SUITE 200	County: GRAIN Lease Name: CRAIL JOE Well #: 1-8R			
City: IRVING State: TX 7ip. 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				
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587	-			
Email Address: dale.bankhead@pxd.com	KCC WICHITA			
Email Address:	DEC 3 0 2014			
Surface Owner Information: Name: CHARLES CRAIL JR. Address 1: 4347 TOSCA RD	RECEIVED			
Address 1: 4347 TOSCA ND				
Address 2:City: WOODLAND HLLLS State: CA Zip: 91364 _ +	county, and in the real estate property tax records of the county treasurer.			
the KCC with a plat showing 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 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, I have not provided this information to the surface owner(s). I	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 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			
	ss 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 handlir form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
I hereby certify that the statements made herein are true and correct				
12/08/2014	Corporate Engineering V.P.			
Date: Signature of Operator or Agent:	Title:			