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:	De submitted 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.: 200682
Gas Gathering System:	Lease Name: CURTIS
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Li	
feet from E / W Li	
Enhanced Recovery Project Permit No.:	SE Sec 6 Twp 32 Rge 38 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)	
Type of Pit: Emergency Burn Settling	feet from E / W Line of Section
71 0 17	Haul-Off Workover Drilling KA
Past Operator's License No. 4824 /	Contact Person:DALE BANKHEAD
Past Operator's Name & Address: PIONEER NATURAL RES. USA	A INC. Phone: 972-969-3886
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75	5039 Date: 12/08/2014
Title: CORPORATE ENGINEERING V.P.	Signature: Ann KCC WIC:
	DEC 3 () 2014
New Operator's License No. 33999 /	NANCY FITZWATER
LINN OPERATING INC	201 040 4066
New Operator's Name & Address: Eliving, inc. 600 TRAVIS, SUITE 5100	
,	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES
HOUSTON, TEXAS 77002	Date:
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzwater
Acknowledgment of Transfer: The above request for transfer of	injection authorization, surface pit permit # N/A has been
	rporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership intere	•
is acknowled	lged as is acknowledged as
the new operator and may continue to inject fluids as authorize	zed by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR	PRODUCTION JAN 1 6 2015 JAN 1 6 2015
Mail to: Past Operator Ne	ew Operator District

Side Two

Must Be Filed For All Wells

Lease Name: _	CURTIS	* Location: SE Sec 6 Twp 32 Rge 38 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)
1-6	15-189-00269-0000/	2526 Circle	2176 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		-
		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		
					_

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.	NE_NW_NW_SE_Sec. 6 Twp. 32 S. R. 38 East X West County: STEVENS Lease Name: CURTIS Well #: 1-6		
OPERATOR: License # _4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200			
Address 2: SUITE 200			
City: "TT Zip: 70000 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: DALE BANKHEAD	the lease below:		
Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587	MCC WICH:		
Email Address: dale.bankhead@pxd.com			
Surface Owner Information: Name: MARVIN SHELITE Address 1: 1806 STATE HWY 25	RECEIVEI When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 1806 STATE HWY 25	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: HUGOTON State: KS Zip: 67951 +	-		
 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 filling in connection with this form; 2) if the form 	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. Act (House Bill 2032), I have provided the following to the surface elocated: 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		
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 so 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 handlin 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.		
I hereby certify that the statements made herein are true and correct 12/08/2014	4		
12/08/2014 Date: Signature of Operator or Agent:	Corporate Engineering V.P. Title:		