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	tted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 01/01/15
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 208045
Gas Gathering System:	Lease Name: CURTIS
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.:	N2 Sec 6 Twp 32 Rge 38 W
Entire Project: Yes No	County: STEVENS
Number of Injection Wells**	Production Zone(s): COUNCIL GROVE GROUP
PANOMA GAS AREA	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: N/A (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling
Type of Pit: Emergency Burn Settling	
Past Operator's License No. 4824 /	Contact Person:DALE BANKHEAD
Past Operator's Name & Address:PIONEER NATURAL RES. USA INC.	Phone: 972-969-3886 KCC WICH!
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date: 12/08/2014 DEC 3 0 2014
Title: CORPORATE ENGINEERING V.P.	Cionatura. Dran
Title:	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:
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzwater
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation
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.:
Deter	Date:
Date: Authorized Signature	Authorized Signature
DISTRICT EPR/-/5-/5	PRODUCTION JAN 1 6 2015 WAN 1 6 2015
Mail to: Past Operator New Opera	

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 208045				
Lease Name:			* Location: _ N	12 Sec 6 Twp 32 Rge 38	3 W
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2-6	15-189-20065-0000 ⁻	Circle 1320 FSL/ROSL	2640 Circle FEL/FWD	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 WICH.
		FSL/FNL	FEL/FWL		DEC 3 0 2014
		FSL/FNL	FEL/FWL		RECEIVED
		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.

1824	Wall Looption			
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC.	Well Location: N2 see 6 Turn	32 S. R. 38 East X West		
Name: FIONEER NATOTIAL NEED. GOA ING.	STEVENS			
Address 1: 5205 N O'CONNOR BLVD	Lease Name: CURTIS	Well #: 2-6		
City: State: Zip:+	the lease below:	on a lease, enter the legal description of		
Contact Person: DALL DAME - 972 969-3587				
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:				
	When filing a Form T-1 involving multi	RECEIVED When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: MARVIN SHELITE Address 1: 1806 STATE HWY 25	sheet listing all of the information to the left for each surface owner. Surfowner information can be found in the records of the register of deeds for			
Address 2:	county, and in the real estate property	tax records of the county treasurer.		
City: HUGOTON State: KS Zip: 67951				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C	Cathodic Protection Borehole Intent), you n	es. The locations snown on the plat		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Country the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enter	Cathodic Protection Borehole Intent), you n	es. The locations snown on the plat		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Counter the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested to be subject one of the following: I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, if	Cathodic Protection Borehole Intent), you not tank batteries, pipelines, and electrical line and on the Form C-1 plat, Form CB-1 plat, or cice Act (House Bill 2032), I have provided be located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB fax, and email address.	d the following to the surface orm CB-1, Form T-1, or Form -1, the plat(s) required by this		
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