### 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 subn	nitted 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.: 215373		
Gas Gathering System:	Lease Name: GRUBBS		
Saltwater Disposal Well - Permit No.:	SE _ SE _ NW _ NE _ Sec 29 _ Twp 31 _ R 37 Te / W		
Spot Location: feet from N / S Line	,		
feet from E / W Line	Legal Description of Lease: NE Sec 29 Twp 31 Rge 37		
Enhanced Recovery Project Permit No.:	NE Sec 29 Twp 31 Rge 37		
Entire Project: Yes No	County: STEVENS		
Number of Injection Wells **	Production Zone(s): CHASE		
Field Name: HUGOTON GAS AREA	Injection Zone(s):		
** Side Two Must Be Completed.	injection Edito(d).		
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 はみ		
Past Operator's License No. 4824 /	Contact Person:DALE BANKHEAD		
Past Operator's Name & Address:PIONEER NATURAL RES. USA INC	Phone: 972-969-3886 Received		
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date: KANSAS CORPORATION COMMISSI		
Title: CORPORATE ENGINEERING V.P.	Signature:		
New Operator's License No	CONSERVATION DIVISION Contact Person: NANCY FITZWATER WICHITA, KS		
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:		
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit #N/Ahas been		
·	n Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the	•		
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.:		
Date	Date:		
Date: Authorized Signature	Date:		
DISTRICT EPR	PRODUCTION JAN 1 6 2015 UIJAN 1 6 2015		
Mail to: Past Operator New Opera			

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 215373		<del></del> -		
* Lease Name:			* Location:	IE Sec 29 Twp 31 Rge	e 37
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)
3-29	15-189-21238-0000	4043 Circle	1325 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		
	Annual Control of Cont	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		Received KANSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		DEC 3 1 2014
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION
		FSL/FNL	FEL/FWL		WICHITA, KS
		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.

OPERATOR: License # 4	824	Well Location:
DIONICED MATE	IDAL DEC LICA INC	SE_SE_NW_NE_Sec. 29 Twp. 31 S. R. 37 East West
Address 1: 5205 N O'CC	DNNOR BLVD	County: STEVENS
Address 2: SUITE 200		Lease Name: GRUBBS Well #: 3-29
City: IRVING	State: <u>TX</u> zip: <u>75039</u> + _ ANKHEAD	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Phone: ( 972 ) 969-38	386 Fax: ( 972 ) 969-358	Received KANSAS CORPORATION COMM
Email Address: dale.bank	head@pxd.com	DEC 3 1 2014
Surface Owner Information	on:	CONSERVATION DIVISIO WICHITA, KS
lame: RICHARD GRUE	3BS	When filing a Form T-1 involving multiple surface owners, attach an additional
ddress 1: 1209 S. ADA	MS ST.	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
.ddress 2:		county, and in the real estate property tax records of the county treasurer.
city: HUGOTON	State: KS Zip: 67951 + _	
are preliminary non-bindi	ing estimates. The locations may be	roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat e entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following		
I certify that, purnowner(s) of the lactor CP-1 that I am fill form; and 3) my c	and upon which the subject well is ing in connection with this form; 2) in operator name, address, phone nuned this information to the surface ow	vner(s). I acknowledge that, because I have not provided this information, the
✓ I certify that, purnowner(s) of the lace CP-1 that I am fill form; and 3) my compared in the lace CP in the	and upon which the subject well is ing in connection with this form; 2) in operator name, address, phone nuned this information to the surface owired to send this information to the dge that I must provide the name and	or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this nber, fax, and email address.
✓ I certify that, purnowner(s) of the lace CP-1 that I am fill form; and 3) my compared in the compared in th	and upon which the subject well is ing in connection with this form; 2) in perator name, address, phone numbed this information to the surface owired to send this information to the lage that I must provide the name an harged a \$30.00 handling fee, paya	or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this inber, fax, and email address.  I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this address of the surface owner by filling out the top section of this form and able to the KCC, which is enclosed with this form.
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