District

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: Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells ____1 KS Dept of Revenue Lease No.: _ Gas Gathering System: Lease Name: JARVIS Saltwater Disposal Well - Permit No.: ___ - <u>NE - NE - NE Sec. 35 Twp. 29 R. 37 E</u> ✓ W _ feet from N / S Line feet from E / W Line Legal Description of Lease: _ NE Sec 35 Twp 29 Rge 37 Enhanced Recovery Project Permit No.: , County: GRANT Entire Project: Yes No Number of Injection Wells ... CHASE Production Zone(s): Field Name: HUGOTON GAS AREA Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No.: N / S Line of Section (API No. if Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off ΚH Workover 4824 1 Past Operator's License No. DALE BANKHEAD Contact Person: Phone: 972-969-3886 PIONEER NATURAL RES. USA INC. Past Operator's Name & Address: KANSAS CORPORATION COMMISSION Received 5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039 Title: CORPORATE ENGINEERING V.P. Signature: . Contact Person: NANCY FITZWATER New Operator's License No. 33999 / New Operator's Name & Address: LINN OPERATING, INC. Phone: <u>281-840-4266</u> 600 TRAVIS, SUITE 5100 PIONEER NATURAL RESOURCES Oil / Gas Purchaser: Date: _12/08/2014 HOUSTON, TEXAS 77002 Nancu Fitzwater REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #. 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 above injection well(s) or 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 permitted by No.: .. Date: Authorized Signature Authorized Signature DISTRICT -PRODUCTION ...

Mail to: Past Operator.

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 227401				
* Lease Name: JARVIS		* Location: NE Sec 35 Twp 29 Rge 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)
3-35R	15-067-21609-0000	330 Circle	330 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		
			FEL/FWL		
					Received KANSAS CORPORATION COMMISSION
					DEC 3 1 2014
					CONSERVATION DIVIN
					WICHITA, KS
			FEL/FWL		
			FEL/FWL		
					data data data data data data data data
		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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application) Amel DED		
OPERATOR: License # 4824	Well Location:		
PIONEER NATURAL RES LISA INC	NE_NE_NE_Sec. 35 Twp. 29 S. R. 37 East West County: GRANT		
Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200			
Address 2: SUITE 200	Lease Name: JARVIS Well #: _3-35R		
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD FOR QUESTIONS, CALL VIRGINIA TIJERINA 972-969-5837	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: DALE BANKHEAD FOR QUESTIONS, CALL VIRGINIA TIJERINA 972-969-5837			
Phone: (972) 969-3889 Fax: (972) 969-3587	ANOLUTA		
Phone: (972) 969-3889 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com	WICHITA		
	n 2 2015		
Surface Owner Information: Name: ROLLIN P. HAGERMAN FARM PARTNERSHIP	CEIVED		
Address 1: P.O. BOX 670	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 county, and in the real estate property tax records of the county treasurer.		
Address 2:			
City: ULYSSES State: KS Zip: 67880 +	source of the property tax records on the county treasurer.		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank the are preliminary non-binding estimates. The locations may be entered on the select one of the following:	DATTOTIAS DIDOLIDOS and electrical lines. The leastings the second and the second		
 ✓ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and ☐ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC 	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing filed is a Form C-1 or Form CB-1, the plat(s) required by this I email address. nowledge that, because I have not provided this information, the er(s). To mitigate the additional cost of the KCC performing this interest in the surface owner by filling out the top section of this form and		
f choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v	with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
hereby certify that the statements made herein are true and correct to the	e best of my knowledge and belief		
40/00/0044	<i>a</i>		
Date: Signature of Operator or Agent:	Title		