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:	illea 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.: _208103			
Gas Gathering System:	Lease Name: MATZEN			
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 28 Twp 30 Rge 38 W			
Entire Project: Yes No	County: GRANT			
Number of Injection Wells **	Production Zone(s): COUNCIL GROVE GROUP Injection Zone(s):			
Field Name: PANOMA 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)	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling K4			
Past Operator's License No. 4824 /	Contact Person:DALE BANKHEAD			
Past Operator's Name & Address: PIONEER NATURAL RES. USA INC.	Phone: 972-969-3886			
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date: 12/08/2014			
Title: CORPORATE ENGINEERING V.P.	Oral KCC WICHITA			
Title:	Oignature.			
33999 /	Contact Person: NANCY FITZWATER RECEIVED			
New Operator's License No	·/-OFIVED			
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: 12/08/2014			
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzwates			
Acknowledgment of Transfer: The above request for transfer of injection	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				
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:			
Authorized Signature	Authorized Signature			
DISTRICT EPR	PRODUCTION JAN 1 5 2015 JIAN 15 2013			
Mail to: Past Operator New Opera				

Side Two

Must Be Filed For All Wells

	No.: 208103					
Lease Name:	MATZEN		* Location: NW Sec 28 Twp 30 Rge 38 W			
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from S		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
2-28	15-067-20059-0000	Circle FSL/RDL	1400 Circle FEL/FWD	GAS	<u>PR</u>	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	кс	C WICHITA	
		FSL/FNL	FEL/FWL	DE	EC 3 0 2014	
		FSL/FNL	FEL/FWL		RECEIVED	
		_ 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 (Ca	athodic Protection Borehole Intent) X T-1 (Train	nsfer) CP-1 (Plugging Application)	
ODEDATOR, License # 4824	Well Location:		
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD		30 _{S R.} 38	
Address 1: 5205 N O'CONNOR BLVD			
Address 2: SUITE 200	County: GRANT Lease Name: MATZEN	Well #: 2-28	
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com	If filing a Form T-1 for multiple wells on the lease below:		
Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICHITA		
Email Address: dale.bankhead@pxd.com		DEC 3 0 2014	
Surface Owner Information: Name: VIOLA LAHEY Address 1: PO BOX 1275	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 1:			
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on	batteries, pipelines, and electrical lines the Form C-1 plat, Form CB-1 plat, or	s. The locations snown on the plat a separate plat may be submitted.	
 I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loced. CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and 	cated: 1) a copy of the Form C-1, Form eing filed is a Form C-1 or Form CB-1,	m CB-1, Form T-1, or Form	
□ I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K	ner(s). To mitigate the additional cost of the surface owner by filling out the t	of the KCC performing this	
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not rece will be returned.	eived with this form, the KSONA-1	
I hereby certify that the statements made herein are true and correct to			
12/08/2014 Date: Signature of Operator or Agent:	Co	orporate Engineering V.P.	