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 sub	omitted 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.: 202691 Lease Name: MCBURNEY		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:	NE _ NE _ SW Sec. 10 Twp. 30 R. 37 ☐ E ✓ W		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: SW Sec 10 Twp 30 Rge 37 W County: GRANT Production Zone(s): CHASE GROUP		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells**			
Field Name: HUGOTON GAS AREA	Injection Zone(s):		
** 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			
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	12/08/2014		
Title: CORPORATE ENGINEERING V.P.	Signature: ADSAL KCC WICHITA		
Title.	DEC 3 0 -2014		
New Operator's License No	Contact Person: NANCY FITZWATER RECEIVED		
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		
REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Nancu Sitawaten		
Title:	Signature:		
Acknowledgment of Transfer: The above request for transfer of inject	tion authorization, surface pit permit #N/Ahas been		
	tion Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in			
is acknowledged a	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:			
	_ ' ' ' '		
Date:			
Authorized Signature	Authorized Signature		
DISTRICT EPR /-/4-/5	PRODUCTION JAN 1 5 2015 JAN 1 5 2015		
Mail to: Doct Operator New Op	perator District		

Side Two

Must Be Filed For All Wells

Lease Name:	MCBURNEY		* Location:	SW Sec 10 Twp 30 Rge	37 W
Well No.	Well No. API No. Footage from Sect (YR DRLD/PRE '67) (i.e. FSL = Feet from S			Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-10	15-067-00619-0000		2544 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		
			FEL/FWL		RECEIVED
			FEL/FWL		CIVED
			FEL/FWL		
			FEL/FWL		
-		FSL/FNL	FEL/FWL		
		FSL/FNL			<u> </u>
			FEL/FWL		
			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)		
OREDATOR: License # 4824	Well Location:		
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	NE_NE_SW Sec. 10 Twp. 30 S. R. 37 East X West		
Address 1. 5205 N O'CONNOR BLVD	County: GRANT Lease Name: MCBURNEY Well #: 1-10 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: KCC WICHIT DEC 3 0 2014		
Address 2. SUITE 200			
City: IRVING State: TX 7in: 75039 +			
Contact Person: DALE BANKHEAD			
Phone: (972) 969-3886 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com			
Surface Owner Information:	RECEIVED		
Name: JOHNSON & JOHNSON FARMS LLC	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		
Address 1: 9144 S. RD E			
Address 2:	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.		
City: ULYSSES State: KS Zip: 67880 +			
the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered of	odic Protection Borehole Intent), you must supply the surface owners and ak 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.		
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and		
I hereby certify that the statements made herein are true and correct to	g fee with this form. If the fee is not received with this form, the KSONA-1 vill be returned. to the best of my knowledge and belief.		
12/08/2014 Date: Signature of Operator or Agent:	Title:		