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 submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 1/1/2015
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 215368
Gas Gathering System:	1
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	
feet from E /	
Enhanced Recovery Project Permit No.:	NE Sec 28 Twp 31 Rge 37 W
Entire Project: Yes No	County: STEVENS
Number of Injection Wells **	Production Zone(s): CHASE GROUP
Field Name: HUGOTON GAS AREA	Injection Zone(s):
** 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
Type of Pit: Emergency Burn S	ettling Haul-Off Workover Drilling 人人
Past Operator's License No. 4824 /	Contact Person: DALE BANKHEAD
Past Operator's Name & Address: PIONEER NATURAL RE	S. USA INC. Phone: 972-969-3886 Received KANSAS CORPORATION COMMISSION
5205 N. O'CONNOR BLVD, SUITE 200 IRVING,	TX 75039 12/08/2014
Title: CORPORATE ENGINEERING V.P.	Signature: DEC 3 0 2014 CONSERVATION DIVISION WICHITA KS
New Operator's License No	Contact Person: NANCY FITZWATER
New Operator's Name & Address: LINN OPERATING, INC.	
600 TRAVIS, SUITE 5100	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES
HOUSTON, TEXAS 77002	Date: 12/08/2014
Title: REGULATORY COMPLIANCE ADVISOR/SUPERV	
Acknowledgment of Transfer: The above request for tran	usfer of injection authorization, surface pit permit #N/Ahas been
	sas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownershi	•
is ack	nowledged as is acknowledged as
the new operator and may continue to inject fluids as a	authorized by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	-
Date:	Date
Date:	Date:
DISTRICT EPR _/- /5	-/5 PRODUCTION JAN 1 6 2015 WEAN 16 2015
Mail to: Past Operator	New Operator District

Side Two

Must Be Filed For All Wells

NDOH Lease	No.: 215368			IEO 00 E 01 E	O7 14/
Lease Name:	NEWBY		* Location:N	IE Sec 28 Twp 31 Rge	37 W
Well No.	ell No. API No. Footage from Sec (YR DRLD/PRE '67) (i.e. FSL = Feet from			Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
3-28	15-189-21240-0000	4040 Circle	1248 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		
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		FSL/FNL	FEL/FWL		DEC 3 0 2014
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	- 12 - 12 - 12	

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)		
4824	Maril I a a siè a a		
OPERATOR: License # 4824 PIONEER NATURAL RES. USA INC.	Well Location: SW _SW _NE _NE _Sec. 28 _Twp. 31 _S. R. 37 East 🗷 West		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD	County: STEVENS		
Address 1: SUITE 200	Lease Name: NEWBY Well #: 3-28		
City: IRVING State: TX Zip: 75039 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com	Received KANSAS CORPORATION COMMISSION		
Email Address: data-barrierioda e pad-5511	DEC 3 0 2014		
Surface Owner Information: Name: JACK REYNOLDS	CONSERVATION DIVISION WICHITA, KS When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 201 N. MAIN	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: <u>HUGOTON</u> State: KS Zip: 67951 +			
	nk 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.		
▼ I certify that, pursuant to the Kansas Surface Owner Notice 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, and a surface of the content of the			
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.		
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	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.		
I hereby certify that the statements made herein are true and correct to			
12/08/2014 Date: Signature of Operator or Agent: Os	Corporate Engineering V.P.		
Date: Signature of Operator or Agent: KUN	Title:		