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 Kansa's Surface Owner Notification Act,
MUST be submitted with this form.

Check Applicable Boxes:	tted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:01/01/15 KS Dept of Revenue Lease No.:231420		
Gas Lease: No. of Gas Wells**			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line			
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells **			
Field Name: HUGOTON GAS AREA			
** Side Two Must Be Completed.	median 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 44		
Type of Pit: Emergency Burn Settling			
Past Operator's License No. 4824	Contact Person: DALE BANKHEAD KCC WICH		
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 DEC 3 0 2014		
Title: CORPORATE ENGINEERING V.P.	Signature:		
Title: OCIVI CIVIL ENGINEERING VIII	Signature:		
New Operator's License No. 33999 /	Contact Person: NANCY FITZWATER		
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		
,	Manage City		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # N/A has 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:		
	IAN 16 2015		
DISTRICT EPR /-/5-/5 Mail to: Past Operator New Opera	2 0 2413		
man to . dot operato.			

Side Two

Must Be Filed For All Wells

Lease Name:	Trotter		* Location:S	SE Sec 23 Twp 31 Rge 3	38 W
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)
4-23	15-189-22672-0000	1320 Circle	1350 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	KCC	WICHITA
		FSL/FNL	FEL/FWL		3 0 2014
		FSL/FNL	FEL/FWL	_	ECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			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)			
4824	Mall Landing			
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC.				
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	County: STEVENS			
Address 1: 5203 NO GONNON BLVB	Lease Name: Trotter Well #: 4-23			
Address 2: SOTTE 200				
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:			
Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICHITA DEC 3 0 2014			
Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com				
	RECEIVED			
Surface Owner Information: Name: ROME FARMS	Mary Comments and the second s			
Name: Notice FACING Address 1: 1096 ROAD BB	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:KS 67951				
City: HUGOTON State: KS Zip: 67951 +	-			
the KCC with a plat showing the predicted locations of lease roads, the are preliminary non-binding estimates. The locations may be entered select one of the following:	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e Act (House Bill 2032), I have provided the following to the surface			
owner(s) of the land upon which the subject well is or will be	e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the eowner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and ne KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handled form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.			
I hereby certify that the statements made herein are true and correct	t to the best of my knowledge and belief.			
12/08/2014	Corporate Engineering V.P.			
Date: Signature of Operator or Agent:	Title:			