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:	I			
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.:207586 Lease Name: WINGER CLARENCE SW _ SW _ NE _ SE _ Sec. 35 _ Twp27 _ R40 DE			
Gas Gathering System:				
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.:	SE Sec 35 Twp 27 Rge 40 W County: STANTON Production Zone(s): COUNCIL GROVE			
Entire Project: Yes No				
Number of Injection Wells **				
Field Name: PANOMA 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)	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 KCC WICHI			
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date: 12/08/2014 DEC 3 0 2014			
Title: CORPORATE ENGINEERING V.P.	(A)ra)			
	RECEIVED			
New Operator's License No	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			
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzwater			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # N/A has been			
•	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
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			
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR	PRODUCTION JAN 1 4 2015 UN AN 1 4 2015			
Mail to: Past Operator New Operat	lor District			

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	207586
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* Lease Name:	WINGER CLARENCE		* Location:	SE Sec 35 Twp 27 Rge 40	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)
6-35	15-187-20220-0000	1517 Circle	1301 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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		· ·
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		F\$L/FNL	FEL/FWL		WICHITA
		FSL/FNL	FEL/FWL	DEC	3 0 2014
		FSL/FNL	FEL/FWL	RE	CEIVED
		FSL/FNL	FEL/FWL		
		F\$L/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) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)		
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	SW SW NE SE Sec. 35 Twp. 27 S. R. 40 East West		
Address 1: 5205 N O'CONNOR BLVD	County: STANTON		
Address 2: SUITE 200	Lease Name: WINGER CLARENCE Well #: 6-35		
City: IXVING State: IX 7in: 75039 +	If filing a Form T.1 for multiple wells on a longer enter the level description of		
Contact Person: DALE BANKHEAD	the lease below:		
Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICHI DEC 3 0 2014		
Email Address: dale.bankhead@pxd.com			
Surface Owner Information:	RECEIVED		
Name: F & F FARMS	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		
Address 1: 6190 N RD G			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: JOHNSON State: KS Zip: 67855 +	_		
 are preliminary non-binding estimates. The locations may be entered Select one of the following: 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 forr form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface 	I acknowledge that, because I have not provided this information, the owner(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		
If choosing the second option, submit payment of the \$30.00 handlir form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.		
I hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.		
12/08/2014 Date: Signature of Operator or Agent:	7		
Date: Signature of Operator or Agent:	Title:		