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: Effective Date of Transfer: 01/01/15 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells __1 KS Dept of Revenue Lease No.: 201401-Gas Gathering System: Lease Name: YOUNGREN Saltwater Disposal Well - Permit No.: _SE _ SE _ NE Sec. 14 Twp. 32 R. 39 E V W feet from N / S Line Legal Description of Lease: _ feet from E / W Line NE Sec 14 Twp 32 Rge 39 W Enhanced Recovery Project Permit No.: County: STEVENS Entire Project: Yes No Number of Injection Wells _ Production Zone(s): COUNCIL GROVE Field Name: PANOMA GAS AREA Injection Zone(s): ** Side Two Must Be Completed. N/A Surface Pit Permit No.: S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover KH 4824 / DALE BANKHEAD Past Operator's License No. Contact Person: Phone: 972-969-3886 KCC WICHITA PIONEER NATURAL RES. USA INC. Past Operator's Name & Address: 5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039 12/08/2014 Title: CORPORATE ENGINEERING V.P. Signature: Contact Person: NANCY FITZWATER 33999 New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4266 600 TRAVIS, SUITE 5100 PIONEER NATURAL RESOURCES Oil / Gas Purchaser: Date: __12/08/2014 HOUSTON, TEXAS 77002 Nancu Fitzwater REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Signature: _ N/A Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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 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 . Recommended action: permitted by No.: ___ Date: Date: Authorized Signature Authorized Signature EPR DISTRICT _ PRODUCTION _ Mail to: Past Operator New Operator District

Side Two

Must Be Filed For All Wells

KDOR Lease	e No.: 201401.	9			
* Lease Name	YOUNGREN		* Location:	NE Sec 14 Twp 32 Rge 3	9 W
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well Well Status (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandon	
B-1R	15-189-22357-0000	2553 ESLAST	424 Circle	GAS	PR
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	VE - 17 E	
		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	W.C.	C WICHITA
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		EC 3 0 2014
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	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

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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)		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	SESE_NE_Sec. 14 Twp. 32 S. R. 39 East X West		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD SUITE 200	County: STEVENS		
Address 2: Soft E 200	Lease Name: YOUNGREN Well #: B-1R		
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below: KCC WICHITA		
Phone: (972) 969-3886 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com	DEC 3 0 2014		
Surface Owner Information:	RECEIVED		
Name: KAY ANITA YOUNGREN MURRY	W. F. Tairli		
Address 1: PO BOX 548	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:			
City: HUGOTON State: KS Zip: 67951 +	county and make real estate property tan records or the county bedsailer.		
the KCC with a plat showing the predicted locations of lease roads, tan	odic Protection Borehole Intent), you must supply the surface owners and the 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	Act (House Bill 2032), I have provided the following to the surface ocated: 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.		
KCC will be required to send this information to the surface or	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this 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-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
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: Disc			
Date: Signature of Operator or Agent:	Title:		