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,
MIST be submitted with this form.

Check Applicable Boxes: MUST be submit	1		
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.: 201708		
Gas Gathering System:	Lease Name: HENDERSON		
Saltwater Disposal Well - Permit No.:	NE _ NE _ SW Sec17Twp30R37 E W		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	SW Sec 17 Twp 30 Rge 37 W		
Entire Project: Yes No	County: GRANT Production Zone(s): CHASE GROUP		
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)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling 44		
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	Date: 12/08/2014 KCC WICHITA		
Title: CORPORATE ENGINEERING V.P.	Man		
	Signature:		
ride.	Signature:		
	DEC 3 () 2014		
New Operator's License No. 33999 ✓	DEC 3 () 2014		
New Operator's License No. 33999 ✓	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266		
New Operator's License No. 33999 New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES		
New Operator's License No. 33999 New Operator's Name & Address: LINN OPERATING, INC.	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266		
New Operator's License No. Substitute	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Sitzwater		
New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Sitzwater authorization, surface pit permit # N/A has been		
New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature:		
New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature:		
New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the is acknowledged as	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Sitzurates authorization, surface pit permit # N/A has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit. is acknowledged as		
New Operator's License No. Superator's Name & Address: LINN OPERATING, INC.	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature:		
New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100 HOUSTON, TEXAS 77002 Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the is acknowledged as	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Strunder. authorization, surface pit permit # N/A has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit. is acknowledged as		
New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC.	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: N/A has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit. is acknowledged as the new operator of the above named lease containing the surface pit permitted by No:		
New Operator's License No. Says Says	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature:		
New Operator's License No. New Operator's Name & Address: LINN OPERATING, INC.	Contact Person: NANCY FITZWATER RECEIVED Phone: 281-840-4266 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: 12/08/2014 Signature: Nancy Sitzwates authorization, surface pit permit # N/A has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit.		

Side Two

Must Be Filed For All Wells

KDOR Lease	e No.:				
* Lease Name:	HENDERSON		* Location:	SW Sec 17 Twp 30 Rg	e 37 W
Well No.	API No. Footage from Section Li (YR DRLD/PRE '67) (i.e. FSL = Feet from South			Type of Well) (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1-17	15-067-00614-0000	2529 Circle	2545 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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		DEC 3 0 2014
		FSL/FNL	FEL/FWL		RECEIVED
			FEL/FWL		
			FEL/FWL		
		FSL/FNL			
		FSL/FNL			
			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)		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	NE_NE_SW Sec. 17 Twp. 30 S. R. 37 East X West County: GRANT		
Address 1: 5205 N O'CONNOR BLVD			
Address 2. SUITE 200	Lease Name. HENDERSON Well #. 1-17		
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: DALE BANKHEAD	the lease below:		
Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICHIT		
Email Address: dale.bankhead@pxd.com	DEC 3 0 2014		
	RECEIVED		
Surface Owner Information: Name: ROBERT MYERS REV TRUST Address 1: PO BOX 1073 Address 2: City: City: ULYSSES State: KS Zip: 67880 +	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.		
the KCC with a plat showing the predicted locations of lease roads, tar	odic Protection Borehole Intent), you must supply the surface owners and 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, a	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		
KCC will be required to send this information to the surface or	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		
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:	Corporate Engineering V.P. Title:		