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:	submitted with this form.		
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.: 208067		
Gas Gathering System:	Lease Name: HENDERSON		
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.:	SW Sec 17 Twp 30 Rge 37 W		
Entire Project: Yes No	County: GRANT		
Number of Injection Wells **	Production Zone(s): COUNCIL GROVE GROUP		
Field Name: PANOMA GAS AREA	Injection Zone(s):		
** Side Two Must Be Completed.	injection Zone(3).		
Surface Pit Permit No.: N/A	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)			
Two of Dit.	Haul-Off Workover Drilling ✓⅓		
Type of Pit:			
Past Operator's License No. 4824	Contact Person:DALE BANKHEAD		
Past Operator's Name & Address: PIONEER NATURAL RES. USA INC	C. Phone: 972-969-3886		
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 7503			
Title: CORPORATE ENGINEERING V.P.	Signature: DEC 3 0 2014		
33999	Contact Person: NANCY FITZWATER		
New Operator's License No. 33999			
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:		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzurater		
Acknowledgment of Transfer: The above request for transfer of injection.	ection authorization, surface pit permit # N/A has been		
	oration 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	d as is acknowledged as		
the new operator and may continue to inject fluids as authorized	d by the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Dut	— Date:		
Date:	Date:		
DISTRICT EPR	PRODUCTION JAN 2 1 2015 UIC JAN 2 1 2015		
	Operator District		

Side Two

Must Be Filed For All Wells

	KDOR Lease	No.: 208067				
(YR DRLDPRE '57) (i.e. FSL - Feet from South Line) (Olir Gas/NL/WSW) (PROD/TATD/Abar 2-17	Lease Name:	HENDERSON		* Location:	SW Sec 17 Twp 30 Rg	e 37 W
2-17 15-067-20055-0000/ 1320 RSD/FNL 2600 FEL/ROD GAS PR FSUFNL FEL/FWL	Well No.	- -				Well Status (PROD/TA'D/Abandoned)
FSL/FNL FEL/FWL FSL/FNL FSL/	2-17	15-067-20055-0000/			GAS	PR
FSUFNL FEUFWL			FSL/FNL	FEL/FWL		
FSL/FNL FEL/FWL			FSL/FNL	FEL/FWL		
FSUFNL FELFWL			FSL/FNL	FEL/FWL		
FSUFNL FEUFWL			FSL/FNL	FEL/FWL		
FSL/FNL FEL/FWL			FSL/FNL	FEL/FWL		
FSL/FNL FEL/FWL			F\$L/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 WICHIT/ FSL/FNL FEL/FWL DEC 3 0 2014 FSL/FNL FEL/FWL RECEIVED FSL/FNL FEL/FWL						
FSL/FNL FEL/FWL CC WICHIT/ FSL/FNL FEL/FWL DEC 3 0 2014 FSL/FNL FEL/FWL RECEIVED FSL/FNL FEL/FWL						
FSI/FNL FEI/FWL DEC 3 0 2014						
FSL/FNL FEL/FWL FEL/FWL FSL/FNL FSL/FNL FEL/FWL FSL/FNL FSL/FNL FSL/FNL FSL/FWL FSL/FNL FSL/FWL FSL/FWL FSL/FWL FSL/FNL FSL/FWL FSL/						
FSL/FNL FEL/FWL						DEC 3 0 2014
			FSL/FNL	FEL/FWL		<u> </u>
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
FSL/FNL FEL/FWL			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
FSL/FNLFEL/FWL			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
FSL/FNLFEL/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 (Ca	athodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗆 CP-1 (Plugging Application)		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD	E2 <u>SW</u> Sec. <u>17</u> Twp. <u>30</u> S. R. <u>37</u> East X West		
Address 1: 5205 N O CONNON BLVD	County: GRANT Lease Name: HENDERSON Well #: 2-17		
Address 2: SUITE 200			
City: IRVING State: TX Zip: 75039 Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: KCC WICHITA DEC 3 0 2014		
Phone: (972) 969-3886 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com			
Surface Owner Information:	RECEIVED		
Name: ROBERT MYERS REV TRUST	When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: ROBERT MYERS REV TRUST Address 1: PO BOX 1073	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: ULYSSES State: KS Zip: 67880 +			
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an	eing 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 owr	knowledge that, because I have not provided this information, the ner(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 CC, 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-1			
I hereby certify that the statements made herein are true and correct to t			
12/08/2014 Date: Signature of Operator or Agent:	Corporate Engineering V.P. Title:		