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:	leed 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.: 201713 / Lease Name: HICKOK			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:	SW _ NE _ Sec 36 _ Twp 29 _ R 38 E \subset W			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	NE Sec 36 Twp 29 Rge 38 W			
Entire Project: Yes No	County: GRANT			
Number of Injection Wells**	Production Zone(s): CHASE GROUP			
Field Name: HUGOTON GAS AREA	Injection Zone(s):			
** Side Two Must Be Completed.				
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			
Type of Fit Ethergency Burn Settling				
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:			
Title: CORPORATE ENGINEERING V.P.	Ana KCC WICHITA			
Title:	Signature:			
22000	NANCY FITZWATER			
New Operator's License No.	Contact Person: NANCY FITZWATER RECEIVED			
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 Sitzmater			
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				
:a calmondadad oo	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:			
12015	JAN 2 1 2015 JAN 2 1 2015			
DISTRICT EPR New Operator	PHODUCTION			
I man to radi operator not opera				

Side Two

Must Be Filed For All Wells

Lease Name: _	No.: 201713 HICKOK		* Location:	NE Sec 36 Twp 29 Rge	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)
1-36	15-067-00486-0000 / 2	Circle PSL/RDL	2440 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		
					KCC WICHIT
					DEC 3 0 2014
					RECEIVED
		501 (5NI			
		FOL (FNI			
					_
		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 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC.	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	SW_NE_Sec. 36 Twp. 29 S. R. 38 East X West		
Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	County: GRANT		
Address 2: SUITE 200	Lease Name: HICKOK Well #: 1-36		
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 the lease below: KCC WICHIT DEC 3 0 2014		
Phone: (972) 969-3886 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com			
Surface Owner Information:	RECEIVED		
Name: CAROL NAVE	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.		
Name: CAROL NAVE Address 1: 910 W WHEAT			
Address 2:			
City: ULYSSES State: KS Zip: 67880 +			
are preliminary non-binding estimates. The locations may be entered of Select one of the following:	k batteries, pipelines, and electrical lines. The locations shown on the plat In 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 A owner(s) of the land upon which the subject well is or will be left.	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		
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the vner(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 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:		