Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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,

Check Applicable Boxes: MUST be subm	nitted 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.:		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line			
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells **	Production Zone(s): CHASE GROUP		
Field Name: HUGOTON GAS AREA			
** 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)			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling J.1		
Setting			
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 WICHIT		
Title: CORPORATE ENGINEERING V.P.	Oiman and and and and and and and and and a		
Tide.	Signature: DEC 3 0 2014		
New Operator's License No. 33999/	Contact Person: NANCY FITZWATER RECEIVED		
New Operator's Name & Address: LINN OPERATING, INC.	Phone: 281-840-4266		
600 TRAVIS, SUITE 5100			
HOUSTON, TEXAS 77002	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES		
	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			
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:		
1,22-15	JAN 2 3 2015 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mail to: Past Operator New Operator	PRODUCTION UIC JAN 23 /11/J		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 202276				
* Lease Name:	KIRKPATRICK J L		* Location:S	SW Sec 33 Twp 29 Rge	34 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)
3-33	15-081-00166-0000 [/]	2540 Circle	2540 Circle FEL/FWD	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		1871-2
		FSL/FNL	FEL/FWL		WICHITA 3 0 2014
		FSL/FNL	FEL/FWL	RF	3 U ZU14 CEIVED
		FSL/FNL	FEL/FWL		OFINED
		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			
		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

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	3-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 4824	- Files(Coc		
Name: PIONEER NATURAL RES. USA INC.	Well Location: NENESWSec. 33Twp. 29S. R. 34 East 🗷 West County: HASKELL		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200			
Address 2. SUITE 200	Lease Name: KIRKPATRICK J L Well #: _3-33		
City: IRVING State: TX Zip: 75039			
Contact Person: Dale Bankhead For Questions, Call Virginia Tijerina 972-969-583	— If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
972 969-3889 - 972 969-3587	- the least below.		
Phone: (972) 969-3889 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com	DITA		
Email Address: ddio.bdi.idi.cad@pxd.com	<u>6</u> 9 8 9 %		
FEB 0.2.2	015 		
Surface Owner Information:	/ED		
Name: HANANIAH LLC & VICTOR PRIOR JR. RECEIV	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: P.O. BOX 898	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: HOLDENVILLE State: OK Zip: 74848			
the NCC with a plat showing the predicted locations of lease roads, ta	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on 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 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 set of the surface owner by filling out the top section of this form and		
lf 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.		
hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.		
12/09/2014	\mathcal{I}		
Date: Signature of Operator or Agents	Corporate Engineering V.P.		