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: MUST be submit	ted 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.: 225481			
Gas Gathering System:	Lease Name: INDICOTA			
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 1 Twp 31 Rge 38 W			
Entire Project: Yes No	County: STEVENS			
Number of Injection Wells** Production Zone(s): COUNCIL GROVE				
Field Name: PANOMA 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	Usud Off Deliting			
, , , , , , , , , , , , , , , , , , ,				
Past Operator's License No. 4824 /	Contact Person:DALE BANKHEAD KCC WICHIT			
Past Operator's Name & Address: PIONEER NATURAL RES. USA INC.	FIIIIe.			
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	Date: 12/08/2014 DEC 3 0 2014			
Title: CORPORATE ENGINEERING V.P.	Signature: RECEIVED			
New Operator's License No	Contact Person: NANCY FITZWATER			
	Phone: 281-840-4266			
New Operator's Name & Address: LINN OPERATING, INC. 600 TRAVIS, SUITE 5100				
	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES			
HOUSTON, TEXAS 77002	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				
Commission records only and deed not convey any ownership mercer 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: Authorized Signature	Date:			
1 20 15	PRODUCTION JAN 2 3 2015 UIC JAN 2 3 2015			
Mail to: Past Operator New Operator	PRODUCTION OIC OFFI			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 225481				
* Lease Name:	MASON		* Location:	SW Sec 1 Twp 31 Rge 3	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)
2-1R	15-189-22471-0000	330 Circle	800 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		
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		FSL/FNL	FEL/FWL		
			FEL/FWL		_
			FEL/FWL		
		FSL/FNL			
			FEL/FWL		
				K	CC WICHITA
		FSL/FNL		ľ	DEC 3 0 2014
		FSL/FNL			RECEIVED
			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

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.

OPERATOR: License # 4824	VAI-10-1 2 -		
Name: PIONEER NATURAL RES. USA INC.	Well Location: SESWSWSec1Twp31S. R38East 🗷 West County: STEVENS		
OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD			
Address 2. SUITE 200	Lagge Name: MASON	2-1R	
City: IRVING State: TX 7ip: 75039	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:		
Contact Person: DALE BANKHEAD			
Phone: (972) 969-3886 Fax: (972) 969-3587	_	KCC WICHITA	
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com	-	DEC 3 0 2014	
		RECEIVED	
Surface Owner Information:			
Name: JACK REYNOLDS Address 1: 201 N. MAIN	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		
Address 1: 201 N. IMAIN	 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: HUGOTON State: KS Zip: 67951 +	_		
		ust supply the surface owners and	
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered. Select one of the following: 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. I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being observed a \$20.00 kendling for a graph to the	e Act (House Bill 2032), I have provided e located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1, and email address. I acknowledge that, because I have not p owner(s). To mitigate the additional cost ess of the surface owner by filling out the	the following to the surface rm CB-1, Form T-1, or Form I, the plat(s) required by this	
Select one of the following: 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 I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task. I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task. I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task. I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task. I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task. I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task.	e Act (House Bill 2032), I have provided e located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1, and email address. I acknowledge that, because I have not p owner(s). To mitigate the additional cost ess of the surface owner by filling out the e KCC, which is enclosed with this form. In gree with this form. If the fee is not receive 1 will be returned.	the following to the surface m CB-1, Form T-1, or Form I, the plat(s) required by this	
Select one of the following: 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 I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface owner(s). 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 CB I hereby certify that the statements made herein are true and correct	e Act (House Bill 2032), I have provided e located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1, and email address. I acknowledge that, because I have not p owner(s). To mitigate the additional cost ess of the surface owner by filling out the e KCC, which is enclosed with this form. In the fee is not received with this form. If the fee is not receive-1 will be returned.	the following to the surface m CB-1, Form T-1, or Form I, the plat(s) required by this	