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: MUST be submit	tted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 1/1/2015		
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 202978 Lease Name: NEESE		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	SW - SW - NE Sec. 21 Twp. 31 R. 37 E W		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	NE Sec 21 Twp 31 Rge 37 W		
Entire Project: Yes No	County: STEVENS Production Zone(s): CHASE GROUP Injection Zone(s):		
Number of Injection Wells **			
Field Name: HUGOTON GAS AREA			
** Side Two Must Be Completed.			
Surface Pit Permit No.: N/A (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling		
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.	Signature: Received KANSAS CORPORATION COMMISSION		
Title:	Oignaturo.		
20000	DEC 3 0 2014		
New Operator's License No. 33999	Contact Person: NANCY FITZWATER CONSERVATION DIVISION WICHITA, KS		
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 Sitzmalex		
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	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
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:		
Date:	Authorized Signature		
DISTRICT EPR	PRODUCTION JAN 2 3 2015 UICAN 2 3 2015		
Mail to: Past Operator New Operator			

Side Two

Must Be Filed For All Wells

* Lease Name	NEESE		* Location:	NE Sec 21 Twp 31 Rge	37 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)
1-21	15-189-10100-0000/	Circle FSD/FNL	2570 Circle ED∕FWL	GAS	PR
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
	-				
	-	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		iDo .
		FSL/FNL	FEL/FWL	KANS	AS CURPORATION COMMISSION
		FSL/FNL	FEL/FWL		DEC 3 0 2014
· · · · ·		FSL/FNL	FEL/FWL	C	ONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
<u> </u>			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		F\$L/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)		
4824			
OPERATOR: License # 4824 PIONEER NATURAL RES. USA INC.	Well Location: SW_SW_NE_Sec. 21 Twp. 31 S. R. 37 East west		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD			
Address 1: SUITE 200	County: STEVENS Lease Name: NEESE Well #: 1-21		
City: IRVING State: TX Zip: 75039 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com	Received KANSAS CORPORATION COMMISSION		
Email Address:			
	DEC 3 0 2014		
Surface Owner Information:	CONSERVATION DIVISION		
Name: BARBARA MILLER TRUST	WICHITA KS 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: 2001 LINCOLN ST UNIT 2513	owner information can be found in the records of the register of deeds for th		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: DEINVERT State: OO Zip: 00202 +			
 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: 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 lead 	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 task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the k			
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 will be returned.		
I hereby certify that the statements made herein are true and correct to	a		
12/08/2014 Date: Signature of Operator or Agent:	Corporate Engineering V.P.		
Date: Signature of Operator or Agent:	Title:		