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: Effective Date of Transfer: 01/01/15 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells _ 1 KS Dept of Revenue Lease No.: _226919 Gas Gathering System: Lease Name: PANOMA Saltwater Disposal Well - Permit No.: NW - NW - SE - SW Sec. 12 Twp. 31 R. 38 E / W feet from N / S Line Legal Description of Lease: _ feet from ___ E / __ W Line SW Sec 12 Twp 31 Rge 38 W Enhanced Recovery Project Permit No.: __ County: STEVENS Entire Project: Yes No Number of Injection Wells Production Zone(s): CHASE 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 4824 / DALE BANKHEAD Past Operator's License No. Contact Person: KCC WICHITA PIONEER NATURAL RES. USA INC. Phone: 972-969-3886 Past Operator's Name & Address: Date: ____12/08/2014 5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039 DEC 3 0 2014 Title: CORPORATE ENGINEERING V.P. Signature: _ RECEIVED New Operator's License No. 33999 Contact Person: NANCY FITZWATER New Operator's Name & Address: LINN OPERATING, INC. Phone: 281-840-4266 600 TRAVIS, SUITE 5100 Oil / Gas Purchaser: PIONEER NATURAL RESOURCES Date: _12/08/2014 **HOUSTON, TEXAS 77002** REGULATORY COMPLIANCE ADVISOR/SUPERVISOR Nancy Fitzwater Signature: _ Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ N/A noted, approved and duly recorded in the records of the Kansas Corporation 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 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 _____. Recommended action: permitted by No.: ___ Date: Date: Authorized Signature DISTRICT -EPR . Mail to: Past Operator **New Operator** District

Side Two

Must Be Filed For All Wells

1-12HR 1	API No. (YR DRLD/PRE 67) 5-189-22498-0100	FSL/FNL	Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
 .		1250 RSD/FNL	1450_FEL/RW	GAS	SI
			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		<u></u>
		FSL/FNL			
		FSL/FNL	FEL/FWL		
<u>.</u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL	KC	C WICHITA
			FEL/FWL	D	EC 3 0 2014
			FEL/FWL		RECEIVED

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	_ Well Location:	
Name: PIONEER NATURAL RES. USA INC.	NW NW SE SW Sec. 12 Twp. 31 S. R. 38 East X Wes	
Address 1: 5205 N O'CONNOR BLVD	County: STEVENS	
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	County: STEVENS Lease Name: PANOMA Well #: 1-12HR	
City: IRVING State: TX Zip: 75039	If filing a Form T-1 for multiple wells on a lease, enter the legal description of	
Contact Person: DALE BANKHEAD	the lease below:	
Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICH	
Email Address: dale.bankhead@pxd.com	DEC 3 0 201	
Surface Owner Information:	RECEIVE	
Name: ROME FARMS	When filing a Form T-1 involving multiple surface owners, attach an additional	
Name: ROME FARMS Address 1: 1096 ROAD BB	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.	
the NCC with a plat showing the predicted locations of lease roads, fa	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
are preliminary non-binding estimates. The locations may be entered	INK Datteries ninelines and electrical lines. The locations shown on the most	
 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). If KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address. 	Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the powner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and	
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