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:	lea with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 1/1/2015 KS Dept of Revenue Lease No.: 203381 Lease Name: RENO S A		
Gas Lease: No. of Gas Wells**			
Gas Gathering System:			
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.:	NE Sec 25 Twp 29 Rge 36 W		
Entire Project: Yes No	County: GRANT		
Number of Injection Wells **	Production Zone(s): CHASE		
Field Name: HUGONTON GAS AREA	Injection Zone(s):		
** Side Two Must Be Completed.	,osaon 2010(0)		
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		
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: KCC WICHI7		
Title: CORPORATE ENGINEERING V.P.	Signature:		
	RECEIVED		
New Operator's License No	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		
HOUSTON, TEXAS 77002	Date: 12/08/2014		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzmater		
	orginal of the control of the contro		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #N/A has been		
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	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.:		
Data	Date:		
Date: Authorized Signature	Authorized Signature		
DISTRICT EPR	PRODUCTION JAN 2 1 2015 UIC JAN 2 1 2015		
	or District		

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 203381					
* Lease Name:RENO S A			* Location: NE Sec 25 Twp 29 Rge 36 W		
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)	
15-067-21539-0000/	Circle FSL/FDDL	330 Circle F⊕/FWL	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			
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	FSL/FNL	FEL/FWL			
	FSL/FNL	FEL/FWL	·		
	FSL/FNL	FEL/FWL			
	API No. (YR DRLD/PRE '67) 15-067-21539-0000	### API No.	### API No. (YR DRLD/PRE '67) 15-067-21539-0000	RENO S A	

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 (Ca	thodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)		
	HINENDED		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	NE_NE_NE_Sec. 25 Twp. 29 S. R. 36 East West		
Address 1: 5205 N O'CONNOR BLVD	County: GRANT		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200 City: IRVING State: TX Zip: 75039 +	Lease Name: RENO S A Well #: 1-25R		
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 FOR QUESTIONS, CALL VIRGINIA TIJERINA 972-969-5837	the lease below:		
Phone: (972) 969-3889 Fax: (972) 969-3587			
Phone: (972) 969-3889 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com			
Received KANSAS CORPURATION COMMISSI	ON		
Surface Owner Information:	When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: DENNIS & SHERYL DEYOE Address 1: 8173 E. RD 17 CONSERVATION DIVISION CONSERVATION DIVISION	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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.		
City: ULYSSES State: KS Zip: 67880 +			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the state of the	patteries, pipelines, and electrical lines. The locations shown on the plat		
Select one of the following:			
 ✓ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and ☐ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner 	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing filed is a Form C-1 or Form CB-1, the plat(s) required by this demail address. nowledge that, because I have not provided this information, the		
task, I acknowledge that I must provide the name and address o that I am being charged a \$30.00 handling fee, payable to the KC	f the surface owner by filling out the top section of this form and		
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 to			
I hereby certify that the statements made herein are true and correct to the	ne best of my knowledge and belief.		
12/08/2014 Date: Signature of Operator or Agent: Date:	2		
Date: Signature of Operator or Agent:	Title:		