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:	be submitted 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.: 203782
Gas Gathering System:	Lease Name: SNOWBARGER E W
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Lir	ne <u>NE _ NE _ SW Sec. 2 Twp. 30 R. 36 </u> E V W
feet from E / W Lir	ne Legal Description of Lease:
Enhanced Recovery Project Permit No.:	SW Sec 2 Twp 30 Rge 36 W
Entire Project: Yes No	County: GRANT
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 (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 代人
Past Operator's License No. 4824/	Contact Person: DALE BANKHEAD
Past Operator's Name & Address: PIONEER NATURAL RES. USA	
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75	1100 1110
	Date: 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
HOUSTON, TEXAS 77002	Date: 12/08/2014
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature: Nancy Sitzuates.
Acknowledgment of Transfer: The above request for transfer of inoted, approved and duly recorded in the records of the Kansas Corp. Commission records only and does not convey any ownership interest.	poration Commission. This acknowledgment of transfer pertains to Kansas Corporation
is acknowledg	ged as is acknowledged as
the new operator and may continue to inject fluids as authoriz	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Data	Date:
Date:	Authorized Signature
DISTRICT EPR _/-2/-/5	PRODUCTION JAN 2 2 2015 UIA N 2 2 2015
Mail to: Past Operator Nev	w Operator District

Side Two

Must Be Filed For All Wells

KDOR Lease	_{e No.:} 203782				
Lease Name	SNOWBARGER E W		* Location:	SW Sec 2 Twp 30 Rge 3	36 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)
1-2	15-067-00200-0000	2540 Circle	2540 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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
					KOO MIOI II IV
		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-1 (C			
	AMENDED		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	NESWSec2Twp30S R36East 🗷 West County: GRANT Lease Name: SNOWBARGER E W Well #:1-2		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200 City: IRVING State: TX Zip: 75039 +			
Address 2: SUITE 200			
City: IRVING State: TX Zip: 75039	Well #: 12		
Contact Person: DALE BANKHEAD FOR QUESTIONS, CALL VIRGINIA TIJERINA 972-969-5837	If filing a Form T-1 for multiple wells on a lease, enter the legal description of 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 CORPORATION COMMISSIO	NA		
Surface Owner Information:			
Name: REX COLEMAN Address 1: 8020 E. RD 20 Address 3:	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 owner information can be found in the records of the register of deeds for the		
Address 2:			
City: ULYSSES State: KS Zip: 67880	county, and in the real estate property tax records of the county treasurer.		
State ‡			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodia the KCC with a plat showing the predicted locations of lease roads, tank the are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	c Protection Borehole Intent), you must supply the surface owners and natteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
☑ 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 loca CP-1 that I am filing in connection with this form; 2) if the form bei form; and 3) my operator name, address, phone number, fax, and	ing filed is a Form C.1 or Form CB.1 the market		
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 task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KCO	the surface gureer by filling and the KCC performing this		
f choosing the second option, submit payment of the \$30.00 handling fee orm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 и	2 with this form If the facility		
hereby certify that the statements made herein are true and correct to the	e best of my knowledge and belief.		
12/08/2014			
late: Signature of Operator or Agent: \(\int \) \(\int \)	Title:		