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

Check Applicable Boxes: MUST be submit	itted 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.: _215365		
Gas Gathering System:	Lease Name: TEETER J W		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	NW - NW - SE - SE Sec. 26 Twp. 30 R. 36 E W		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	SE Sec 26 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	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling		
Past Operator's License No4824 '	Contact Person: DALE BANKHEAD		
Past Operator's Name & Address: PIONEER NATURAL RES. USA INC.	Phone: 972-969-3886 KCC WICHIT		
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 75039	12/08/2014		
Title: CORPORATE ENGINEERING V.P.	Men) DEO 3 (EOI)		
Title:	Signature: KUNAL 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, SUITÉ 5100	Oil / Gas Purchaser: PIONEER NATURAL RESOURCES		
HOUSTON, TEXAS 77002	Date: 12/08/2014		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection and the noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the analysis.	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:		
Authorized Signature	Authorized Signature		
	PRODUCTION JAN 2 2 2015 JAN 2 2 2015		
Mail to: Past Operator New Operato	or District		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 215365				
* Lease Name:	TEETER J W			SE Sec 26 Twp 30 Rge 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)
13-26	15-067-20814-0000	1250 Circle	1250 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		
					WICHITA
			FÉL/FWL		3 0 2014
			FEL/FWL		CEIVED
		FSL/FNL	FEL/FWL	1	, , , , , , , , , , , , , , , , , , , ,
		FSL/FNL	FEL/FWL		
		F\$L/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		······	FEL/FWL		
			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	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 4824	Wall Location:		
Name: PIONEER NATURAL RES. USA INC.	Well Location: NW_NW_SE_SE_Sec. 26 Twp. 30 S. R. 36 East West County: GRANT		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200			
Address 2: SUITE 200	Lease Name: TEETER J W Well #: 13-26		
City: IRVING State: TX Zip: 75039 + Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587	If filing a Form T-1 for multiple wells on a lease, enter the legal description o		
Contact Person: DALE BANKHEAD	the lease below:		
Phone: (972) 969-3886 Fax: (972) 969-3587	KCC WICH:		
Email Address: dale.bankhead@pxd.com			
	RECEIVED		
Surface Owner Information:			
Name: DOROTHY NICHOLS	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 4977 ROAD V	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.		
City: FLAGLEH State: CO Zip: 80815-9317 +			
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:	batteries, 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 Acowner(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	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this d email address.		
☐ I have not provided this information to the surface owner(s). I acl KCC will be required to send this information to the surface own 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 KC	er(s). To mitigate the additional cost of the KCC performing this of 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee 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 the	he best of my knowledge and belief.		
12/08/2014	3		
Date: Signature of Operator or Agent: XUNA	Title:		