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:	i i i i i i i i i i i i i i i i i i i		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 01/01/15		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 223361 Lease Name: UNRUH O A NW _ SE _ NW _ NW _ Sec 18 _ Twp 29 _ R 33 E		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line			
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells**			
Field Name: PANOMA GAS AREA	Injection Zone(s):		
** Side Two Must Be Completed.	injection zone(s).		
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 KH		
Past Operator's License No. 4824 /	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	Date: 12/08/2014 DEC 3 0 2014 Signature:		
Title: CORPORATE ENGINEERING V.P.			
	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		
	Nancu Fitzwater		
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVISOR	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # N/A has been		
, ,	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
	The state of the s		
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		
DISTRICT EPR	PRODUCTION JAN 2 1 2015 UIC JAN 2 1 2015		
Mail to: Past Operator New Operator	tor District		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 223361				
* Lease Name:	UNRUH O A		* Location:	NW Sec 18 Twp 29 Rge	33 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)
4-18	15-081-21399-0000/	740 Circle FSL/RDL	750 Circle	GAS	PR
		FSL/FNL	FEL/FWL		
-		FSL/FNL	FEL/FWL	·	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	<u> </u>	_
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		WICHITA
		FSL/FNL	FEL/FWL		C 3 0 2014
		FSL/FNL	FEL/FWL	F	RECEIVED
			FEL/FWL		
			FEL/FWL		
			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.

OPERATOR: License # 4824 Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	Well Location: NW _SE _NW_ NW _Sec. 18 _Twp. 29 _S. R. 33 East 🗷 West County:		
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	County, HASKELL		
Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200	County, HASKELL		
Address 2. SUITE 200			
, (dd 055 E	Lease Name: UNRUH O A Well #: 4-18		
City: State: Zip:+	 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			
Phone: (972) 969-3886 Fax: (972) 969-3587 Email Address: dale.bankhead@pxd.com			
Littali Address.	DEC 3 0 2014		
Surface Owner Information: Name: MARY CLAWSON Address 1: P.O. BOX 279 Address 2: City: PLAINS State: KS Zip: 67869 +	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 deads for the		
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 Adowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, an ☐ I have not provided this information to the surface owner(s). I acked the surface owner(s) is considered to send this information to the surface owner(s). 	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 ad email address. cknowledge that, because I have not provided this information, the ner(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		
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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	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
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 I hereby certify that the statements made herein are true and correct to the statements.	will be returned.		