## 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: MUST be	e 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.: 204237  Lease Name: WITT		
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.:	SW Sec 26 Twp 30 Rge 38 W		
Entire Project: Yes No	County: GRANT		
Number of Injection Wells **	Production Zone(s):CHASE GROUP		
Field Name: HUGOTON GAS AREA	Injection Zone(s):		
** 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		
Past Operator's License No. 4824	Contact Person: DALE BANKHEAD		
Past Operator's Name & Address: PIONEER NATURAL RES. USA II			
5205 N. O'CONNOR BLVD, SUITE 200 IRVING, TX 750	DEC 3 0 201		
Title: CORPORATE ENGINEERING V.P.	Signature: One RECEIVE		
New Operator's License No33999 /	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 Sitzwater		
Acknowledgment of Transfer: The above request for transfer of ing noted, approved and duly recorded in the records of the Kansas Corpo Commission records only and does not convey any ownership interest	oration Commission. This acknowledgment of transfer pertains to Kansas Corporation		
is acknowledge	ed as is acknowledged as		
the new operator and may continue to inject fluids as authorize	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
DISTRICT FPR /-20-/5	Authorized Signature		
	PRODUCTION		

#### Side Two

### Must Be Filed For All Wells

Lease Name:	WITT		* Location:	SW Sec 26 Twp 30 Rge	38 W
Well No. API No. Footage from S (YR DRLD/PRE '67) (i.e. FSL = Feet from			Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1-26	15-067-00648-0000	Circle 2535 RSL/FNL	2744 Circle € 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		- KCC WICH
		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		

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

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# 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	(Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.	NE_NE_NE_SW Sec. 26 Twp. 30 S. R. 38 East West		
Name: PIONEER NATURAL RES. USA INC.  Address 1: 5205 N O'CONNOR BLVD  Address 2: SUITE 200	County: GRANT		
Address 2: SUITE 200	County: GRANT  Lease Name: WITT Well #: 1-26		
City: IRVING State: TX 7in: 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:		
City: IRVING State: TX Zip: 75039 +  Contact Person: DALE BANKHEAD  Phone: ( 972 ) 969-3886 Fax: ( 972 ) 969-3587			
Email Address: dale.bankhead@pxd.com	KCC WICHITA  DEC 3 0 2014		
Email / Notices			
Surface Owner Information:	RECEIVED		
Name: GREGORY KENT LEWIS	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		
Name: GREGORY KENT LEWIS  Address 1: 910 NE 30TH AVE			
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: ST PAUL State: KS Zip: 67576 +			
the KCC with a plat showing the predicted locations of lease roads, tan	odic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
<ul> <li>✓ 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, a</li> <li>✓ I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner</li> </ul>	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and		
that I am being charged a \$30.00 handling fee, payable to the	Fig. 1. Which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 will be returned.  If the best of my knowledge and belief.		
Date: Signature of Operator or Agent: KUN	Title:		