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 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.: _216617
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	S Line ——- <u>W2 - NE</u> Sec. <u>14</u> Twp. <u>29</u> R. <u>34</u> E W
feet from E /	W Line Legal Description of Lease:
Enhanced Recovery Project Permit No.:	NE Sec 14 Twp 29 Rge 34 W
Entire Project: Yes No	County: HASKELL
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)	feet from N / S Line of Section
(Al THO. II DINIT II, WO OI Hadiy	feet fromE /W Line of Section
Type of Pit: Emergency Burn Se	ettling Haul-Off Workover Drilling KN
Past Operator's License No. 4824 /	Contact Person: DALE BANKHEAD
Past Operator's Name & Address: PIONEER NATURAL RES	S. USA INC. Phone: 972-969-3886
5205 N. O'CONNOR BLVD, SUITE 200 IRVING,	**************************************
Title: CORPORATE ENGINEERING V.P.	Man / UEC 3 n 2014
Title:	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:
	SOP Nancy Sitamatm
Title: REGULATORY COMPLIANCE ADVISOR/SUPERVI	Signature:
Acknowledgment of Transfer: The above request for trans	sfer of injection authorization, surface pit permit # N/A has been
noted, approved and duly recorded in the records of the Kans	as 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 ackr	is acknowledged as
the new operator and may continue to inject fluids as a	uthorized by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Deter	Date:
Date:	Date: Authorized Signature
DISTRICT EPR/-23	
Mail to: Past Operator	New Operator District

Side Two

Must Be Filed For All Wells

	No.: 216617 YUNCKER E R		* Location:	NE Sec 14 Twp 29 Rge	34 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)
7-14	15-081-20610-0000	Circle 4033 RSL/FNL	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
		FSL/FNL	FEL/FWL		RECEIVED
		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	(
		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 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 4824	Well Location:		
Name: PIONEER NATURAL RES. USA INC.			
Name: PIONEER NATURAL RES. USA INC. Address 1: 5205 N O'CONNOR BLVD Address 2: SUITE 200 City IRVING State TX 75039	County: HASKELL		
Address 2: SUITE 200	County: HASKELL Lease Name: YUNCKER E R Well #: 7-14		
City: Tip: +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: DALE BANKHEAD	the lease below:		
Contact Person: DALE BANKHEAD Phone: (972) 969-3886 Fax: (972) 969-3587			
Email Address: dale.bankhead@pxd.com			
	DEC 3 0 2014		
Surface Owner Information:	RECEIVED		
Name: H D WIEBE	When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: H D WIEBE Address 1: 1813 MANITOBA DR	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: SUBLETTE State: KS Zip: 67877 +			
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 Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat		
 X 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 beform; 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 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 	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. Inowledge that, because I have not provided this information, the er(s). To mitigate the additional cost of the KCC performing this 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 fer form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v			
I hereby certify that the statements made herein are true and correct to the 12/08/2014 Date: Signature of Operator or Agent: Signature or Signature or			