Form T-1
March 2010
Form must be Typed
Form must be Signed
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### KANSAS CORPORATION COMMISSION

#### OIL & GAS CONSERVATION DIVISION

## REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KBONA-1, Certification of Compliance with the Kanese Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes:	Effective Date of Transfer: July 1, 2012
Ci Oil Liedes: No. of Oil Wells	KS Dept of Revenue Lease No.:
☑ Gas Lesse: No. of Gas 1	Lease Name: JOSLIN
Ges Gethering System:	SE_Sec_1_Twp_31S_R_39W_DEDW
Saltwater Disposal Welt - Permit No.:	Legal Description of Lease: Sec. 1.31S 39M SE Qtr.
Spot Location:feet from   N /   S Line	
feet from D E / D W Line	
CI Enhanced Recovery Project Permit No.:	County: STEVENS
Entire Project: CI Yes CI No	Production Zone(s): CHASE
Number of injection wells	Injection Zone(s):
Field NameHUGOTON	
Surface Pit Permit No.  (API No. If Drill Pit. WO or Haul)  □ Type of Pit: □ Emergency □ Burn □ Settling	test from DN/DSLine feet from DE/DW Line DHaul-Off DWorkover
Past Operator's Ucense No. 5052 Exp 6/30/12 Past Operator's Name & AddressBP America Production Company P.O. Box 3092. Houston, TX 77253  Title Regulatory Supervisor	Contact Person: <u>Lou Berry Room 3,1428 WL-1</u> Phone <u>281-368-7816</u> Date <u>6/25/2012</u> Signature <u>Lou Berry Room 3,1428 WL-1</u>
New Operator's License No. 33000	Contact Person: Nancy Fitzwater
New Operator's Name & Address Linn Operating, Inc. 600 Travis, Suite 5100 Houston, Texas 77002	Phone 281-840-4266 Ol/Gas Purchaser
	Date 6/25/2012
Title Regulatory Compilance Advisor	Signature <u>Hancey Pelpaneties</u>
Acknowledgment of Transfer: The above request for transfer of injection au recorded in the records of the Kansas Corporation Commission. This acknowledges not convey any ownership interest in the above injection well(s) or pit permit	digment of transfer partisins to Kansas Corporation Commission records only and t.
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit	the new operator of the above named lease containing the surface pit
No.: Recommended action	permitted by No.:
Date	Date
Authorized Signature	Authorized Signature
DISTRICT EPR 6 ////3	PRODUCTION 6. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
Mail to: Past Operator New Ope	District District C
Meli to: KCC - Conservation Division, 13	PRODUCTION 6 . /3 . / GUIC 6 -   3 -   3 -   3 -   3 -   3 -   4 -   3 -

# Side Two Must Be Filed For All Wells

'Lease Name:	JOSLIN	*Location:1	31 39 SE	:	
Well No.		Feetage from (i.e. FS:L = Feet f	Section Line	Type of Well (Ol/Gas/INJ/WSW)	Well Status and Area (PROD/TA'S/Abandatant)
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15. 15	nay be attached if necessary.	<b>%</b> _0 * 15,1		i de la companya de l	SISTALO Molteopologicos

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 plane indicate which section each well is located.

Form Y-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filed

### KANSAS CORPORATION COMMISSION

#### OIL & GAS CONSERVATION DIVISION

# REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KBONA-1, Certification of Compliance with the Kansas Surface Owner Hotification Act, MUST the submitted with this form.

Check Applicable Boxes:	Effective Date of Transfer: July 1, 2012
Oil Lease: No. of Oil Wells	KS Dept of Revenue Lesse No.: 208844
Gas Lense: No. of Gas	Lease Name: JOSLIN
Gas Gethering System:	NE_Sec_1_Twp_31S_R_36W_DEDW
Saltwater Disposal Well - Permit No.:	Legal Description of Lease: Sec. 1 31S 39W NE City.
Spot Location:feet from D N / D S Line	
feet from □ E / □ W Line	
CI Enhanced Recovery Project Permit No.:	County: STEVENS
Entire Project: 🗆 Yes 🗆 No	Production Zone(s): COUNCIL GROVE
Number of injection wells	
Fleid NamePANOMA	Injection Zone(s):
Surface Pit Permit No.  (API No. if Drill Pit. WO or Haul)  I Type of Pit:   Emergency   Burn   Settling	feet from □ N / □ S Line  teet from □ E / □ W Line □ Haul-Off □ Workover □ Drilling
Past Operator's License No. <u>5952</u> Past Operator's Name & Address <u>BP America Production Company</u> P.O. Box 3082. Houston, TX 77253	Dete 6/25/2012
Title Regulatory Supervisor	Signeture
New Operator's License No. 33999  New Operator's Name & Address Linn Operating, Inc.  800 Travis, Suite 5100 Houston, Texas 77002	Oli/Gas Purchaser
Title Regulatory Compliance Advisor	Date 6/25/2012
	Signature <b>Rance Zitherates</b>
	ed as is acknowledged as
No.: Recommended action	permitted by No.:
Date	Date
ها در مساعل العربية على العربية ال	. Almonyor Signarus 43.
Authorized Signature	Authorized Signature
DISTRICTEPR_	PRODUCTION UIC District Company & Co

# Side Two Must Be Filed For All Wells

_ease Name:	JOSLIN	*Location:13	31 89 C SW NE		
Well No.	AP No. (YR DRLD/PRE '67)	Footage from S	Section Line rom South Line)	Type of Well (Oli/Gas/INJ/WSW)	(PROD/TA'S(Absorbaned)
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Form 1-4 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

### KANSAS CORPORATION COMMISSION

### OIL & GAS CONSERVATION DIVISION

# REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kaneas Surface Owner Notification Act.
MUST be submitted with this form.

e:JOSLIN  G_Sec_1_Twp318_R39WDEDW  pription of Lesse:Sec_131S_39W_C  STEVENS  Zone(s):  feet from D N/D S Line feet from D E/D W Line M D Workover O D Drilling  erson: Lou Berry Room 3.1428 WL-1 281-386-7816 8/25/2012	Iface Pit Permit No.	ck Applicable Boxes:	Effective Date of Tra	nsfer:
STEVENS  STEVENS  Zone(s): CHASE  one(s): CHASE  one(s): Drilling  feet from D N / D S Line feet from D E / D W Line Workover D Drilling  erson: Lou Berry Room 3.1428 WL-1 281-396-7816 6/25/2012	Ges Lesse: No. of Ges		KS Dept of Revenue Li	202022
stevens  Stevens  Zone(s): feet from [] N / [] S Line feet from [] E / [] W Line feet from [] E / [] W Line feet from [] E / [] W Line graph: Lou Berry Room 3.1428 WL-1 281-386-7816 8/25/2012	Ges Gethering 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:   Yee   No   Production Zone(s):   CHASE  Number of injection wells   Injection Zone(s):   CHASE  Number of injection Zone(s):   CHASE  Number of injection Wells   Injection Zone(s):   CHASE  Number of injection Zone(s):   CHASE  Injecti	1	Lease Name: JOSL	<u> </u>
STEVENS  Zone(s): CHASE  one(s): feet from □ N / □ S Line	Saltwater Disposal Well - Permit No		C_Sec_1_T	MP_318 R_39MLDEDW
Zone(s): feet from □ N / □ S Line feet from □ E / □ W Line feet from □ E / □ W Line Workover ○ □ Drilling  erson: Lou Barry Room 3.1428 WL-1 281-386-7816 8/25/2012	Spot Location:feet from □ N / □ S Linefeet from □ E / □ W Line  Enhanced Recovery Project Permit No.:  Entire Project: □ Yee □ No Production Zone(s):	그는 그는 그를 가장하게 하게 되는 것이 되었다. 그는 사람들은 사람들이 되었다.	Legal Description of Le	sec. 1 31S 39W C
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erson: Lou Berry Room 3.1428 WL-1 281-386-7816 8/25/2012	contact Person: Lou Barry Room 3.1428 WL-1 Phone 281-366-7816 Date 9/25/2012  Regulatory Supervisor  W Operator's License No. 33999  W Operator's License No. 33999  W Operator's License No. 33999  W Operator's Name & Address Linn Operating, inc. Phone 281-840-4266 Oli/Gee Purchaser Date 6/25/2012	(API No. If Drill Pit. WO or Haul)	16	et from DE/DW Line
281-386-7816 6/25/2012 Los Borsy	Phone 281-398-7816 Dete 6/25/2012  Phone 281-398-7816 Dete 6/25/2012  Signature Signature Contact Person: Nancy Fitzwater  W Operator's License No. 33999 Contact Person: Nancy Fitzwater  W Operator's Name & Address Linn Operating, inc.  600 Trayle, Suite 5100 Houston, Texas, 77002  Dete 6/25/2012	Type of Pit:   Emergency   Burn   Settling		Monkover OK - Drilling
And Borny	Phone 281-386-7816 Date 9/25/2012  Phone 281-386-7816 Date 9/25/2012  Signature Signature Contact Person: Nancy Fitzwater  W Operator's License No. 33999 Contact Person: Nancy Fitzwater  W Operator's Name & Address Linn Operating, inc.  600 Travis, Suits 5100 Houston, Texas 77002  Phone 281-386-7816 Date 9/25/2012	et Operator's License No. 5952 Esp. 6/50//2		
Ass Sorry	w Operator's License No33999 /	et Operator's Name & Address BP America Production Company	Phone <u>281-366-78</u> Deta <u>6/25/2012</u>	116
	w Operator's License No. 33999 Contact Person: Nancy Fitzwater w Operator's Name & Address Linn Operating. Inc. Phone 281.840-4286 Oli/Gee Purchaser Date 6/25/2012	D. Box 3092, Housion, TA Tracs		
annon Manon Eltrupter	w Operator's Name & Address Linn Operating, Inc.  600 Travis, Suits 5100 Houston, Texas 77002  Phone 261-840-4266  Oli/Ges Purchaser  Date 6/25/2012	le Regulatory Supervisor	Signature	
	w Operator's Name & Address Linn Operating, Inc. Phone 281-840-4286 600 Travis, Suits 5100 Houston, Texas 77002 Oil/Gas Purchaser Date 6/25/2012	December 1 Income No. 20000 of	Contact Person: Na	ncy Fitzwater
281-840-4286	600 Trayle, Suite 5100 Houston, Yexas, 77002. Oli/Gas Purchaser	w Operator's Name & Address Linn Operating, Inc.	Phone261-640-4	
		600 Travia, Suita 5100 Houston, Texas 77002		
	Signature	le Reculatory Compllance Advisor		
			Signature	
281-840-4286 urchaser 25/2012 <b>Manay Tilyanates</b>	cknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #has been noted,	on Operator's Name & AddressEP Anferica*Production Company	Signature  Contact Person: Na Phone 281-840-4 Ol/Gas Purchaser Date 6/25/2012  Signature	Con Canage  The Canage Control of the Canage
risce pit permit #has been noted, approved and pler pertains to Kansas Corporation Commission records only		se not convey any ownership interest in the above injection well(s) or pit permi	t.	
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ls acknowledged ratio of the above named lease containing the surface No.:	the new operator and may continue to inject fluids as authorized by Permit to:	Authorized Signature  DISTRICTEPRNew Opt	retor_	District  District  The second of the second
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## Side Two Must Be Filed For All Wells

KDOR Lease No.:	signate, effective agreem	*Location: 1 31 39 C	ings in the second	
'Lease Name; Well No.	AP No. (YR DRLD/PRE '\$7)	Footage from Section Line (i.e. FS:L = Feet from South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'S/Abandaned)
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A separate sheet	may be attached if necessary.	Line Start Start		lease covers more than one section

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KBONA-1 July 2010 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.

Name Addre	NTOR: License #5852	Well Location:
Addre	: BP America Production Company	Sec. 1 Twp. 318 R. 39W DEast 2 West
Arter	nes 1: P.O. Box 3092	County: STEVENS
	2:	Lease Name:
City:	Houston State: Texas Zip: 77253	
Contr	act Person: DeAnn Smyers	If filling a Form T-1 for multiple wells on a lease, enter the legal
Phon	e: (281) 366-4395 Fax: (281) 366-7836	description of the lease below:
Email	Address: smyersco@bp.com	
		C, NE, SE Sec. 1 31S 39W
Qued.	nce Owner information:	When filing a Form T-1 involving multiple surface owners, attach an additiona
	s: See Surface Owner Attachment	sheet listing all of the information to the left for each surface owner. Surface
	988 1:	owner information can be found in the records of the register of deads for the
	nes 2:	county, and in the real estate property tax records of the county tressurer.
	State: Zip:	
elect	one of the following:	
2	I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or wi	otice Act (House Bill 2032), I have provided the following to the surface if be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(e) required by mber, fax, and email address.
<b>2</b>	I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or wi CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone number I have not provided this information to the surface owner the KCC will be required to send this information to the	ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by
☑ □	I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or wi CP-1 that I am filing in connection with this form; 2) if it this form; and 3) my operator name, address, phone nur I have not provided this information to the surface owner the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$90.0	ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(e) required by imber, fax, and email address.  er(e). I acknowledge that, because I have not provided this information, surface owner(e). To mitigate the additional cost of the KCC performing 00 handling fee, payable to the KCC, which is enclosed with this form.  It the fee is not received with this form, the
El chook	I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or wi CP-1 that I am filing in connection with this form; 2) if it this form; and 3) my operator name, address, phone nur I have not provided this information to the surface owner the KCC will be required to send this information to the this task, I acknowledge that I am being charged a \$30.00 sing the second option, submit payment of the \$30.00	ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(e) required by imber, fax, and email address.  er(s). I acknowledge that, because I have not provided this information, surface owner(s). To mitigate the additional cost of the KCC performing 00 handling fee, payable to the KCC, which is enclosed with this form.  O handling fee with this form, if the fee is not received with this form, the n-T-1, or Form CP-1 will be returned.



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Oby State	ENPORIA	CHECKI.	HUGOTON KS
3 Address 2	KAREN	514 NW 25TH PL	th: GASKIL, JAME 1606 5 MAIN
Name TRANCORS FAM PTISHP	SWALAR LLC PO BOX 1009	CLEATON CHARACTER THOMAS & MARY JANE REV TR 4514 NV	Ath: GA

KOC WICHITA