

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

STATE CORPORATION COMMISSION
✓ CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

Effective Date of Transfer 7-1-95

Check Applicable Boxes:

Lease Name Wilson SWD

[X] Oil Lease: No. of Wells 2

5 Sec. T 15 S R 1 N/E

[] Gas Lease: No. of Wells _____

Legal Description of Lease: SW/4

[X] Saltwater Disposal Well - Docket No. C18,302
Spot Location: 660 feet from N/S Line
1320 feet from E/X Line

County Dickinson

[] Enhanced Recovery Project Docket No. _____
Entire project: Yes/No
Number of injection wells _____

Production Zone(s) _____

Injection Zone(s) Mississippi Osage

Field Name Ash Grove

Surface Pond Permit # _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐

List API #'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 5814 Contact Person: Glenn McMurray

Past Operator's Name and Address:
B M & S Oil
PO Box 316
Canton KS 67428
Title Operator

Phone: 316-628-4516
Date 7-1-95
Signature Glenn McMurray

New Operator's License No. 5610

Contact Person Lonny Bruce

New Operator's Name and Address
Bruce Oil Company
RTE 4, Box 1
McPherson, KS 67460

Phone 316-241-2938
Oil/Gas Purchaser NCRA
Date July 5, 1995

Title Managing Partner

Signature Lonny Bruce

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

Bruce Oil Company is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # D-18,302. Recommended action _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permit # _____ by _____
STATE CORPORATION COMMISSION

Date 8-1-95 Alan Smith
Authorized Signature

Date _____
Authorized Signature _____
Form T1 10/91