

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

22

Effective Date of Transfer 1/1/92

Check Applicable Boxes:

Lease Name GRABER 3

[] Oil Lease: No. of Wells _____

7 Sec. T 33 S R 31 W

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: _____
NW NW

[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

County SEWARD

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

Production Zone(s) TORONTO

Injection Zone(s) _____

Field Name MASSONI

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. 6566

Contact Person: BOB MAJOR

Past Operator's Name and Address

Phone: (918) 491-4372

LEBEN OIL CORPORATION

P.O. BOX 21468

Date 1/29/92

TULSA, OK. 74121-1468

Title PROD. RECORDS MANAGER

Signature Bob Major

New Operator's License No. 6568

Contact Person CHARLOTTE VAN VALKENBURG

New Operator's Name and Address

Phone (918) 491-4314

KAISER-FRANCIS OIL COMPANY

P.O. BOX 21468

Oil/Gas Purchaser NONE

TULSA, OK. 74121-1468

Date 1/29/92

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.

_____ is acknowledged
as the new operator and may continue to
inject fluids as authorized by Docket # _____
Recommended action _____

_____ is acknowledged as the
new operator of the above named lease containing
the surface pond permitted by # _____

Date _____

Authorized Signature

Date _____

Authorized Signature