

TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

010196_Eagle.pdf

Check Applicable Boxes:

Effective Date of Transfer 1-1-96

[] Oil Lease: No. of Wells 31 **

Lease Name Eagle

[] Gas Lease: No. of Wells _____ **

- NW 1/4 Sec 13 T 24 R 15 W (E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

County Woodson

[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No
Number of injection wells 10 **

Production Zone(s) Squirrel

Field Name Vernon

Injection Zone(s) Squirrel

Surface Pond Permit # _____
(API No. If Drill Pit)

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

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 31028

Contact Person: Lawrence

Past Operator's Name and Address:

Phone: (316) 939-4400

Integrated Petroleum Corp.
1801 Broadway, Suite 320
Denver, CO 80202

Date 1-12-96

Title President

Signature Lan G. Lawrence

New Operator's License No. 31652

Contact Person PER BURCHARDT

New Operator's Name and Address

Phone (303) 220-1660

NOSTAR PETROLEUM INC.
5995 GREENWOOD PLAZA BLVD
SUITE 220
ENGLEWOOD, CO. 80111

Oil/Gas Purchaser CRUDE MARKETING

Date 1-19-96

Title PRESIDENT

Signature [Signature]

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 _____

Form T1 7/94

