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

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

010199_Hoffman.pdf

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Effective Date of Transfer 01/01/99

Check Applicable Boxes:

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

[X] Gas Lease: No. of Wells 3 **
** SIDE TWO MUST BE COMPLETED **

Lease Name Hoffman 16E

__-__-__-__ Sec 28 T 33S R 16 W (E)

Legal Description of Lease: S/2 S/2 NW NW; and S/2 S/2 NE NW.

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

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

County Montgomery

Production Zone(s) Weir-Riverton Coal

Injection Zone(s) _____

Field Name Jefferson

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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 ☐ TL

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Past Operator's License No. 30451

Past Operator's Name and Address:
KanMap, Inc.
2101 West Maple
Independence, KS 67301

Title Vice President

Contact Person: Terri L. Bryant-Cain

Phone: 316-331-3140

Date 12/28/98

Signature Terri L. Bryant-Cain

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New Operator's License No. (Applied) 32427

New Operator's Name and Address
KanTex, L.L.C.
P.O. Box 1446
Gainesville, TX 76241

Glenn Loch
Title Executive Officer

Contact Person Terri L. Bryant-Cain

Phone 316-331-3140

Oil/Gas Purchaser Oneok Gas Marketing Co.

Date 1/8/99

Signature Glenn Loch

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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 _____

Date _____ Authorized Signature

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

Date _____ Authorized Signature

Form T1 7/94

FI 10 199

30451
32427 T1 7/94 1/1/99 SIDE 2
02/01/99 Sec 21

MUST BE FILED FOR ALL WELLS

*LEASE NAME Hoffman *LOCATION: _____

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)
B-1 Sec 21	15-125-24,695	200	Circle (FSL)/FNL	4660	Circle (FEL)/FWL	Gas	Prod.
A-1 Sec 28	15-125-23,983	4160	(FSL)/FNL	4560	(FEL)/FWL	Gas	Shut-in.
A-2 Sec 28	15-125-23,984	4180	(FSL)/FNL	3370	(FEL)/FWL	Gas	Shut-in.
			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		

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.