

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION (THORIZATION
OR TRANSFER OF SURFACE POND PERMIT

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

020194 Gibson_A_INJ.pdf

Effective Date of Transfer 2-1-94

Check Applicable Boxes:

Lease Name Gibson A

[X] Oil Lease: No. of Wells 2

34 Sec. T 25 S R 16 W/E

[] Gas Lease: No. of Wells _____

Legal Description of Lease: _____

[X] Saltwater Disposal Well - Docket No E-20,206

S/2 NE/4

Spot Location: 3630 feet from N/S Line

County Edwards

[] Enhanced Recovery Project Docket No. _____

Production Zone(s) _____

Entire project: Yes/No

Injection Zone(s) Kansas City-Lansing

Field Name Wil Pool

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. 30705

Contact Person: Lanny Butner

Past Operator's Name and Address:

Phone: 316-263-7049

B-Y Operating, Inc.
251 N. Water - Suite 12
Wichita, KS 67202

Date 2-8-94

Title President

Signature [Signature]

New Operator's License No. 31398

Contact Person Wilbur Gibson

New Operator's Name and Address

Phone 316-995-3761

Gibson Oil
R.R. Box 30
Belpre, KS 67519

Oil/Gas Purchaser Coastal States Trading, Inc.

Date _____

Title _____

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 10/9