

OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

J.H.

Effective Date of Transfer 3/1/95

Check Applicable Boxes: 030195_LH_Erickson.pdf

Lease Name L.H. Erickson

[] Oil Lease: No. of Wells _____

9 Sec. T 22 S R 32 W

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: All Sec. 9
except NW/4, NE/4 Sec. 16

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

County Finney

[] Enhanced Recovery Project Docket No. _____

Production Zone(s) Chase

Entire project: Yes/No
Number of injection wells _____

Injection Zone(s) _____

Field Name Hugoton

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. 4742

Contact Person: Kevin D. Smith-Portfolio M

Past Operator's Name and Address:

Phone: (303) 793-4800

Texaco Exploration and Production Inc.

P.O. Box 46510

Date March 1, 1995

Denver, CO 80201-6510

Title _____

Signature Kevin D. Smith

New Operator's License No. 8932

Contact Person Rodney Myers

New Operator's Name and Address

Phone (918) 491-4990

Apache Corporation

6120 S. Yale #1500

Tulsa, OK 74136-4224

Oil/Gas Purchaser _____

Date March 1, 1995

Title Mid-Continent Region Manager

Signature R. Myers

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 TI 1000

NOTICE OF TRANSFER OF OWNER/OPERATOR
TO STATE OF KANSAS
CONSERVATION DIVISION

LEASE OR UNIT: *L. H. Erickson*

[illegible]