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

****

RECEIVED
KANSAS CORP. COMM.
1998 MAY -4 P 1:33

Check Applicable Boxes:

Effective Date of Transfer 4-15-98

[X] Oil Lease: No. of Wells 1 **

Lease Name Peterson "C"

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

SW- SW- NE- Sec 4 T 20 R 9 E/W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: NW/4

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

Sec 4-20-9W

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

County Rice

Production Zone(s) Arbuckle

Field Name Chase Silica

Injection Zone(s) _____

****

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 ☐

AJ

****

Past Operator's License No. 07868

Contact Person: Doug Kizzar

Past Operator's Name and Address:
Kizzar Well Servicing, Inc.
P.O. Box 346
Chase, KS 67524

Phone: 316-938-2555

Date 4-15-98

Title President

X Signature Doug Kizzar

****

New Operator's License No. 30380

Contact Person Dennis D. Hupfer

New Operator's Name and Address
Hupfer Operating, Inc.
P.O. Box 216
Hays, KS 67601

Phone 785-628-8666

Oil/Gas Purchaser NCRA

Date 4-15-98

Title President

Signature Dennis D. Hupfer

****

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

MUST BE FILED FOR ALL WELLS

T1 7/94

*LEASE NAME Peterson "C"

*LOCATION: NW/4 Sec 4-20-9W
Rice Co.

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)
C-1	15-159-21,143	2970	Circle FSL/FNL	4950	Circle FEL/FWL	Oil	Prod.
			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		
			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.