

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

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202
KDOR: 111770

Effective Date of Transfer 4-22-92

Check Applicable Boxes:

Lease Name Schmitt

[X] Oil Lease: No. of Wells 6

20 Sec. T 16 S R 11 (W/E

[] Gas Lease: No. of Wells _____

Legal Description of Lease: NW/4

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

County Barton

[] Enhanced Recovery Project Docket No. _____

Entire project: Yes/No

Production Zone(s) Lansing-KC, Arbuckle

Number of injection wells _____

Injection Zone(s) _____

Field Name Kraft Prusa

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. 5271

Contact Person: David M. Wilson

Past Operator's Name and Address:
Sara Kahan Trust dba S & K Oil Co.
P.O. Box 559
Tulsa, OK 74101

Phone: (918) 587-4159

Date 4-22-92

Title Operations Manager

Signature David M. Wilson

New Operator's License No. 4252

Contact Person David M. Wilson

Phone (918) 587-4159

New Operator's Name and Address
Kahan & Associates, Inc.
P.O. Box 559
Tulsa, OK 74101

Oil/Gas Purchaser NCRA

Date 4-22-92

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 _____