

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

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 1 **

☐ Gas Lease: No. of Wells **

** SIDE TWO MUST BE COMPLETED **

☐ 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 **

Effective Date of Transfer 5-1-1998

Lease Name MORRISON UNIT

W/2 W/2 sec.6-21s-13w &

E/2 - - - Sec 1 T 21s R 14w W/2

Legal Description of Lease: W/2 W/2 of

Sec.6-21s-13w & E/2 Sec.1-21s-14w

County STAFFORD

Production Zone(s) CONG. LKC

Field Name

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 ☒

Past Operator's License No. 32034 ✓

Contact Person: Hal C. Porter

Past Operator's Name and Address:

Phone: 316-773-3808

Hal C. Porter
10004 W 20th St N
Wichita KS 67212

Date April 27, 1998

Title Operator

Signature Hal C. Porter

New Operator's License No. 95538 ✓

Contact Person DAN MURTA

New Operator's Name and Address

Phone 316-792-6960

TOMKAT, LTD
P.O. Box 780581
Wichita, Kansas 67278-0581

Oil/Gas Purchaser FARMLAND

Date 5-8-1998

Title V.P. PRODUCTIO

Signature Dan Murta

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 7/54

*LOCATION: Stafford County KS

API NO.
(YR DRLD/PRE '67) *

**TYPE OF WELL
(OIL/GAS
INJ/MSW)**

**WELL STATUS
(PROD/TA'D
ABANDONED)**

1925' **circle** EST./ENT. 120' **circle** FEL./FWT.

011 TA

FSL/FNL _____ FEL/FWL

FSL/FNL _____ **FEL/FWL**

FSL/FNL _____ FEL/FNL

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FSL/FNL _____ **FEL/FWL**

FSL/FNT _____ 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 add-on form for each lease.