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

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Check Applicable Boxes:

Effective Date of Transfer 6-1-2000

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

Lease Name Weidner

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

C -WL - SW- Sec 35 T 32S R 13 (W) E

** SIDE TWO MUST BE COMPLETED **

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

Legal Description of Lease: W/2 SW/4 of Sec. 35-T32S-R13W and the E/2 SE/4 of Sec. 34-T32S-R13W

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

County Barber

Production Zone(s) Douglas

Field Name _____

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 5435 ✓

Contact Person: Emil E. Bowers

Past Operator's Name and Address:
Bowers Drilling Company, Inc.
125 N. Market, Suite 1425
Wichita, KS 67202

Phone: 316-262-6449

Date May 26, 2000

Title President

Signature Emil E. Bowers

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New Operator's License No. 32613 ✓

Contact Person Billy E. Musgrove

New Operator's Name and Address
BEMCO
P.O. Box 241
Medicine Lodge, KS 67104

Phone 316-886-5520

Oil/Gas Purchaser Kansas Gas Supply

Date 5-25-00

Title Owner

Signature Billy E. Musgrove

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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 permit # _____.

RECEIVED
STATE CORPORATION COMMISSION
JUN 1 2000
CONSERVATION DIVISION
Wichita, Kansas

Date _____ _____
Authorized Signature

Form T1 7/94

EP&R 6/7/2000 PROD 13 2000 UIC _____

MUST BE FILED FOR ALL WELLS

T1 7/94

*LEASE NAME Weidner

*LOCATION: Sec. 35-T32S-R13W

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)
#1	15-007-19031-0000 1964	1320	Circle (FSL)/FNL	660	Circle FEL/(FWL)	Gas	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.