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

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

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Check Applicable Boxes:

[ ] Oil Lease: No. of Wells 2 **

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

** SIDE TWO MUST BE COMPLETED **

[ ] Saltwater Disposal Well - Docket No. E-13650
Spot Location: 3630 feet from N/S Line
1650 feet from E/W Line

[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells 1 **

Field Name _____

Effective Date of Transfer 8-89

Lease Name Lipp

S-2-NE-4 Sec 11 T 21 R 9 (W)E

Legal Description of Lease: _____
S2-NE-4

County Rice

Production Zone(s) K C

Injection Zone(s) K.C

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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. 7168

Past Operator's Name and Address:

Contact Person: I.O. MILLER

Phone: _____

Date deceased

Title _____

Signature _____

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New Operator's License No. 9132

New Operator's Name and Address
Milton Lackey
R#2
Inman, KS 67546

Title owner

Contact Person Milton Lackey

Phone 316-585-2119

Oil/Gas Purchaser Texico

Date _____

Signature Milton Lackey

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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 permitted by # _____

RECEIVED
STATE CORPORATION COMMISSION
APR 1 1995
CONSERVATION DIVISION
WICHITA, KANSAS

Date _____ Authorized Signature

Form T1 7/9

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