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 August 1, 1998

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

Lease Name ROBERTS

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

__ - __ - SE - SE **Sec** 1 **T** 20 **R** 40 (W)/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[ ] **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 _____**

County GREELEY

Production Zone(s) CHASE

Field Name BRADSHAW GAS AREA

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. 5263

Contact Person: DALE J. LOLLAR

Past Operator's Name and Address:
MIDWESTERN EXPLORATION CO.
PO BOX 1884
LIBERAL KS 67905-1884

Phone: 316-624-3534

Date September 28, 1998

Title PRESIDENT

Signature _____

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New Operator's License No. 31709

Contact Person W. ROB WILLIAMS

New Operator's Name and Address
W. R. WILLIAMS
PO BOX 15163
AMARILLO TX 79105

Phone 806-374-4555

Oil/Gas Purchaser NATURAL GAS CLEARINGHOUSE

Date September 28, 1998

Title OWNER

Signature _____

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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 #_____.

Date _____ _____
Authorized Signature

Form T1 7/94

GPR

MUST BE FILED FOR ALL WELLS T1 7/94

*LEASE NAME ROBERTS *LOCATION: SE SE Sec. 1-20S-40W, Greeley County, KS

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	15-071-20119	660	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		
			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.