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 9/1/97

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

Lease Name CENTRAL LIFE

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

____ - ____ - ____ - ____ Sec 7 T 31 R 34 (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: C NE

[ ] Enhanced Recovery Proj. Docket No _____

Entire project: ☐ Yes ☐ No

Number of injection wells _____ **

County SEWARD

Production Zone(s) CHASE

Field Name HUGOTON

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. 04824

Contact Person: ED HANCE

RECEIVED
KANSAS CORPORATION COMMISSION

Past Operator's Name and Address
MESA OPERATING CO.
14000 QUAIL SPRINGS PKWY, #5000
OKLAHOMA CITY, OK 73134

Phone 405-749-1780

OCT 10 1997

Date 10/1/97

Title DIVISION VICE PRESIDENT

Signature Edwin C Hance

CONSERVATION DIVISION
WICHITA, KS

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New Operator's License No. 32193

Contact Person: RICHARD MARLIN

New Operator's Name and Address
PIONEER NATURAL RESOURCES USA, INC
14000 QUAIL SPRINGS PKWY, #5000
OKLAHOMA CITY, OK 73134

Phone 405-749-1780

Oil/Gas Purchaser PEPL

Date 10/1/97

Title DIVISION OPERATIONS MANAGER

Signature Richard Marlin

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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

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

* LEASE NAME CENTRAL LIFE

* LOCATION: SECTION 7-31S-34W

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)
		Circle	Circle		
ASSURANCE CO	1517500505	1320 FSL/(FNL)	1320 (FEL)/FWL	GAS	PROD
		____ FSL/FNL	____ FEL/FWL	GAS	PROD
		____ FSL/FNL	____ 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		

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.