090197_Flowers.pdf

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 _____ **

[X] Gas Lease: No. of Wells 3 **

** 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 _____ **

Field Name HUGOTON, PANOMA

Effective Date of Transfer 9/1/97

Lease Name FLOWERS

__ - __ - __ - __ Sec 9 T 30 R 35 (W) E

Legal Description of Lease: ALL OF SECTION 9

County GRANT

Production Zone(s) CHASE, COUNCIL GROVE

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. 04824

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

Title DIVISION VICE PRESIDENT

Contact Person: ED HANCE

Phone 405-749-1780

Date 10/1/97

Signature Edwin C Hance

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 10 1997
CONSERVATION DIVISION
WICHITA, KS

****

New Operator's License No. 32193

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

Title DIVISION OPERATIONS MANAGER

Contact Person: RICHARD MARLIN

Phone 405-749-1780

Oil/Gas Purchaser WNG

Date 10/1/97

Signature Richard Marlin

****

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

MUST BE FILED FOR ALL WELLS

* LEASE NAME FLOWERS

* LOCATION: SECTION 9-30S-35W

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		
3-9 ✓	1506720801	1450	FSL/FNL	1250	FEL/FWL	GAS	PROD
2-9 ✓	1506720445	1320	FSL/FNL	1320	FEL/FWL	GAS	PROD
M B 1 ✓	1506700497	2540	FSL/FNL	2540	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.