

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:

☐ Oil Lease: No. of Wells _____ **

☒ 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

Surface Pond Permit # _____

(API No. If Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 04824

Contact Person: ED HANCE

Past Operator's Name and Address
MESA OPERATING CO.

14000 QUAIL SPRINGS PKWY, #5000

OKLAHOMA CITY, OK 73134

Title DIVISION VICE PRESIDENT

Phone 405-749-1780

Date 10/1/97

Signature Ed Hance

RECEIVED
KANSAS CORPORATION COMMISSION

OCT 10 1997

CONSERVATION DIVISION
WICHITA, KS

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

Title DIVISION OPERATIONS MANAGER

Phone 405-749-1780

Oil/Gas Purchaser Pioneer

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 _____

