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

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

102393_Wadsworth.pdf

Effective Date of Transfer 10-23-93

Check Applicable Boxes:

Lease Name WADSWORTH

[X] Oil Lease: No. of Wells 13

24 Sec. T 34 S R 15 W(E)

[ ] Gas Lease: No. of Wells _____

Legal Description of Lease:
NE/4 SW/4 S/2 SW/4

[X] Saltwater Disposal Well - Docket No. E-24,474
Spot Location: 450' feet from N(S) Line
3224' feet from (E)W Line

County MONTGOMERY

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

Production Zone(s) WAYSIDE

Injection Zone(s) WAYSIDE

Field Name Jefferson Sycamore

Surface Pond Permit # _____ _____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 7946

Contact Person: LOREN WADSWORTH

Past Operator's Name and Address:

Phone: _____

Date 10-23-93

Title OWNER

Signature Loren Wadsworth

New Operator's License No. 31343

Contact Person CLAUDIA F ADAMS

New Operator's Name and Address
CLAUDIA F. ADAMS
RT. 4 BOX 213A
COFFEYVILLE, KS-67337

Phone 316-948-3744

Oil/Gas Purchaser FARMLAND

Date 4-21-98

Title OWNER

Signature Claudia F. Adams

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 10/91

MUST BE FILED FOR ALL WELLS

T1 7/94

SIDE 2

7946 10/23/93
31343

*LEASE NAME WADSWORTH *LOCATION: 24-34-15 W

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)
W-1	1981	450	Circle FSL/FNL	3224	Circle FEL/FWL	INJ.	INJ.
#2	125 1981 19143	200'	FSL/FNL	3200'	FEL/FWL	OIL	PROD
#3	125 1981 19144	660'	FSL/FNL	2920'	FEL/FWL	OIL	PROD
#4	125 1981 19145	825'	FSL/FNL	3025'	FEL/FWL	OIL	PRAP
#5	NA 19146	20'	FSL/FNL	1416'	FEL/FWL	OIL	TA
#6	NA 19147	200'	FSL/FNL	1155'	FEL/FWL	OIL	TA
#7	NA 19148	330'	FSL/FNL	1155'	FEL/FWL	OIL	TA
#1A	NA 19149	1405'	FSL/FNL	2725'	FEL/FWL	OIL	PROD
#2A	NA 19150	1732'	FSL/FNL	2805'	FEL/FWL	OIL	PROD
#3A	NA 19151	2062'	FSL/FNL	2806'	FEL/FWL	OIL	PROD
#4A	NA 19152	2475	FSL/FNL	2805'	FEL/FWL	OIL	PROD
#5A	NA 19153	2965'	FSL/FNL	3135'	FEL/FWL	OIL	PROD
#6A	NA 19154	1715	FSL/FNL	3130	FEL/FWL	OIL	PROD
			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.