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

110198_Weeks.pdf

Check Applicable Boxes:

Effective Date of Transfer 11-1-98

[✓] Oil Lease: No. of Wells _____ **

Lease Name WEEKS

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

E/2-SE -- Sec 9 T 35S R 15 (E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: E/2 SE/4

[✓] Saltwater Disposal Well - Docket No. CD-48235 (C-20,838)

SEC. 9, TWP. 35S RGE. 15E

Spot Location: 165 feet from (N)/S Line
165 feet from E/(W) Line

[ ] Enhanced Recovery Proj. Docket No _____

County MONTGOMERY

Entire project: Yes/No

Number of injection wells _____**

Production Zone(s) BARTLESVILLE

Field Name TYRO

Injection Zone(s) MISSISSIPPI

Surface Pond Permit # N/A
(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. 30406 ✓

Contact Person: BOB MARTIN

Past Operator's Name and Address:
BOB MARTIN
RT. 1, BOX 225
WANN, OK 74083

Phone: 918-255-3203

Date 11-9-98

Title OWNER

Signature Bob Martin

New Operator's License No. 32306 ✓

Contact Person JEFF L. MORRIS

New Operator's Name and Address
AUTRY C. STEPHENS
1708 W. 5th ST.
COFFEYVILLE, KS 67337

Phone 316-251-1465

Oil/Gas Purchaser OIL = FARMLAND
GAS = O-K GAS SERVICES

Date 11-9-98

Title OWNER

Signature Jeff L Morris

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

KGS

MUST BE FILED FOR ALL WELLS

S0406
32306

11/1/98

SIDE 2
T1 7/94

*LEASE NAME WEEKS

*LOCATION: E/2 SE/4 9-35S-15E

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	125-01893	APPROX 2480	Circle FSL/~~FNL~~	NENENWSE 1485	Circle FEL/~~FWL~~	OIL	PROD.
#2	125-01894	" 2060	FSL/~~FNL~~	SENENWSE 1485	FEL/~~FWL~~	OIL	PROD
#3	125-01895	" 2170	FSL/~~FNL~~	SWNENWSE 1815	FEL/~~FWL~~	OIL	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		

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one lease, please fil