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

111898_Hoffman.pdf

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Check Applicable Boxes:

Effective Date of Transfer 11/18/1998

[ ] Oil Lease: No. of Wells 1 **

Lease Name HOFFMAN

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

__ - __ - __ - S/2 Sec 9 T 33 R 15 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[ ] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

S/2 UNTIL RR TRACKS LESS RES.

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

County MONTGOMERY

Production Zone(s) BARTLESVILLE

Field Name _____

Injection Zone(s) _____

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Surface Pond Permit # FILLED
(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. 3830

Contact Person: J. J. HANKE

Past Operator's Name and Address:
AXP, INC P.O. Box 176
INDEPENDENCE, KS 67301

Phone: 316 331-0144

Date 11/18/98

Title _____

Signature J. Hanke

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New Operator's License No. 30755

Contact Person BILL FOSTER

New Operator's Name and Address
FOSTER OIL & GAS CO
201 W. Main #4D
INDEPENDENCE, KS 67301

Phone 316-331-6789

Oil/Gas Purchaser Crude Marketing

Date 11/28/98

Title PRES

Signature Wm Foster Jr

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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

T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME HOFFMAN *LOCATION: _____

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 FSL/FNL		Circle FEL/FWL		
X2	✓ 12528069	500	(FSL) FNL	4780 (Sw Sw SW)	(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		
			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.