

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

Effective Date of Transfer 11-19-92

Check Applicable Boxes:

Lease Name Grigsby

[x] Oil Lease: No. of Wells 9

25 Sec. T 17 S R 21 W/E

[] Gas Lease: No. of Wells _____

Legal Description of Lease: The South-
east 1/4 of the Southeast 1/4

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

County Miami

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

Production Zone(s) _____

Injection Zone(s) _____

Field Name _____

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. 6168

Contact Person: Phyllis Scheuneman

Past Operator's Name and Address:

Lester Scheuneman
27800 Pleasant Valley Rd.
Wellsville, KS. 66092
Title owner/operator

Phone: 413-855-4601

Date 5-18-92

Signature Phyllis Scheuneman

New Operator's License No. Applied - 11-
31139

Contact Person Phyllis Scheuneman

New Operator's Name and Address:

Carol D. Brewer (BREWER)
Rt 1 Box 317
Compton, KS 66606

Phone 294-2500 (913)

Oil/Gas Purchaser Enron

Date 5-18-92

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 _____

_____ is acknowledged as the
new operator of the above named lease containing
the surface pond permitted by # _____

Date _____

Authorized Signature

Date _____

Authorized Signature

RECEIVED
IAN 11 1993

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
202 West First
200 Colorado Derby Building
Wichita, Kansas 67202-1286

SURFACE POND WASTE TRANSFER

Operator Name		License No.	
Operator Address			
Contact Person		Phone Number ()	
Permit Number (API# if applicable)		Lease Name	
Type of Pond: Emergency Pit Burn Pit Treatment Pit Drilling Pit Workover Pit		Pit Location Sec Twp S Rng E/W Ft from N/S Line of Sec. (circle one) Ft from E/W Line of Sec. County	
Type of waste to be disposed: Fluid Mud/Cuttings Amount of waste: No. of loads Barrels Destination of waste: Reserve Pit Disposal Well If waste is transferred to another reserve pit, is the lease active?			
Location of waste disposal: Operator Name License No.			
Lease Name		Sec Twp S Rng E/W	
Docket No.		County	
The undersigned hereby certifies that he is _____ for _____ (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his knowledge and belief.			
_____ Subscribed and sworn to before me on this day of , 19____			
_____ <div style="text-align: right;">Notary Public</div>			
My Commission expires _____			