

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

112897_Smith_INJ.pdf

Effective Date of Transfer Nov. 28, 1997

Check Applicable Boxes:

[X] Oil Lease: No. of Wells 8 **

Lease Name Smith

[] Gas Lease: No. of Wells 0 **

~~NW1/4~~ - ~~NW1/4~~ - Sec 33 T 25 R 15 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: W1/2 of Sec. 33

[X] Saltwater Disposal Well - Docket No. D-23224

Twp. 25. R. 15 E

Spot Location: 5070 feet from N/S Line

3760 feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

County WOODSON

Entire project: Yes/No

Production Zone(s) Squirrel

Number of injection wells _____ **

Field Name Unknown

Injection Zone(s) Kansas City

Surface Pond Permit # _____

(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. 5983

Contact Person: Victor J. Leis

Past Operator's Name and Address:

Phone: 913-557-4430

Victor J. Leis

Date Nov. 28, 1997

Box 223 Yates Center, Kansas

Title Operator

Signature Victor J. Leis

New Operator's License No. 31685

Contact Person Teddy Spencer

New Operator's Name and Address

Phone 316-625-2511

T.S. Or
Teddy Spencer

Oil/Gas Purchaser EOTT

Box 126

Date 12/05/97

Yates Center Ks. 66783

Title Owner/Operator

Signature Teddy Spencer

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 _____

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LOCATION: W_{33-25-15e} WOODSON COUNTY

*LEASE NAME SMITH

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)

3	1982	600	Circle FSL/FNL 2840	Circle FEL/FWL	oil	PROD.
4	1982	1080	FSL/FNL 2820	FEL/FWL	oil	PROD.
5	1982	640	FSL/FNL 3260	FEL/FWL	oil	PROD.
6	1982	200	FSL/FNL 3260	FEL/FWL	oil	PROD.
7	1982	660	FSL/FNL 2840	FEL/FWL	oil	PROD.
9	1982	1100	FSL/FNL 1100	FEL/FWL	oil	PROD.
10	1982	200	FSL/FNL 3300	FEL/FWL	oil	PROD.
12	1982	660	FSL/FNL 3740	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		

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one section, please indicate which section each well is located. If a lease covers more than one section, please indicate which section each well is located.