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

RECEIVED
KANSAS CORP COMM
1998 APR 10 P 1:08

Check Applicable Boxes: Effective Date of Transfer Dec. 7, 1997

[x] Oil Lease: No. of Wells 2 Lease Name South John Campbell

[ ] Gas Lease: No. of Wells _____ **
** SIDE TWO MUST BE COMPLETED **

__ - __ - __ - NW/4 Sec 1 T 28 R 16 W(E)

Legal Description of Lease: _____

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

NW/4 of Section 1, Twp. 28, R. 16

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

County Wilson

Production Zone(s) Bartleville

Field Name Vilas

Injection Zone(s) _____

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. 5409 ✓ Contact Person: Lew Marshall

Past Operator's Name and Address:
Marshall Oil Co.
Box 306
Eureka, Kans. 67045

Phone: 316-583-7595

Date Dec. 2, 1997

Title Owner & Operator

Signature Lew E Marshall

New Operator's License No. 31767 ✓ Contact Person Mark Bojack

New Operator's Name and Address
Seymour Oil Co. Inc.
Macon, Georgia

Phone 316-724-8095

Oil/Gas Purchaser EOTT

Date Dec. 2, 1997

Title Owner

Signature Joe Seymour Jr.

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

MUST BE FILED FOR ALL WELLS

*LEASE NAME South Campbell

*LOCATION: NW/4 Sec. 1, Twp. 28, R. 16e Wilson Co.

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		NW NW NE NW 165 ft	Circle FSL/(FNL)	1390 ft	Circle FEL/(FWL)	oil	producing
2		NW NW NW NW 165 ft	FSL/(FNL)	165ft	FEL/(FWL)	oil	producing
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
	Remaining Wells on John Campbell Lease		FSL/FNL		FEL/FWL		
	Location is SW/4,Sec.36,Twp. 27s,R. 16E		FSL/FNL		FEL/FWL		
13	15-205-22,150	310	FSL/(FNL)	870	FEL/(FWL)	Oil	producing
14	15-205-22,151	640	FSL/(FNL)	870	FEL/(FWL)	Oil	"
15	15-205-22,152	480	FSL/(FNL)	1400	FEL/(FWL)	Oil	"
16	15-205-22,289	880	FSL/(FNL)	870	FEL/(FWL)	Oil	"
17	15-205-22,340	1250	FSL/(FNL)	870	FEL/(FWL)	Oil	"
19	15-205-22,342	1140	FSL/(FNL)	1210	FEL/(FWL)	Oil	"
			FSL/FNL		FEL/FWL		

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When t nsferring a unit which consists of more an one lease please file a separate si two for each le. . If a lease covers more than one sectio. please indicate which section each well is located.