

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

Effective Date of Transfer 2/25/95

Check Applicable Boxes:

Lease Name CHRONISTER

[X] Oil Lease: No. of Wells 3

- - Sec. 22 T 18 S. R 22 W/E

[] Gas Lease: No. of Wells

Legal Description of Lease: SE 4 SE 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) PERU

Injection Zone(s)

Field Name RANTOUL

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. 30370

Contact Person: JAMES L. RICKERSON

Past Operator's Name and Address:

Phone: 913-755-4636

W.B. OIL, INC.
36616 PLUM CREEK RD.
OSAWATOMIE, KS 66064

Date 2-25-95

Title PRESIDENT

Signature James L. Rickerson

New Operator's License No. 31037

Contact Person JAMES W. WHITING

New Operator's Name and Address

Phone (913) 795-2116

WHITING OIL COMPANY
c/o JAMES W. WHITING
RR2, BOX 234
MOUND CITY, KS 66056

Oil/Gas Purchaser CRUDE MARKETING, INC.

Date 2-25-95

Title OWNER/OPERATOR

Signature James W. Whiting

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 T110/9

*LEASE NAME CHRONISTER

*LOCATION: SE QUARTER OF SE QUARTER OF
SEC. 22 TWP. 18 S RG. 22 E

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)

1981

495 Circle FSL/FNL 165 Circle FEL/FWL

OIL

PROD.

2 1985

165 (FSL)/FNL 165 (FEL)/FWL

OIL

PROD

3 1985

165 (FSL/FNL) 495 (FEL/FWL)

OIL

PROD

_____ FSL/FNL _____ FEL/FWL

_____ FSL/FNL _____ FEL/FWL

_____ FSL/FNL _____ FEL/FWL

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THE UNIVERSITY OF CHICAGO

_____ FSL/FNL _____ FEL/FWL _____

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[illegible]

_____ 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.