

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

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 15 **

☐ Gas Lease: No. of Wells _____ **

** SIDE TWO MUST BE COMPLETED **

☐ Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

☐ Enhanced Recovery Proj. Docket No. _____

Entire project: Yes/No

Number of injection wells _____ **

Field Name _____

Effective Date of Transfer 02/26/99

Lease Name Hahn

- - SE - 1/4 Sec 22 T 18 R 21 W 2

Legal Description of Lease: _____

S/E 1/4 of Sec. 22, T 18, 21E of the

6th principal meridian

County franklin

Production Zone(s) squirrel

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. 32324 ✓

Contact Person: Douglas G. Evans

Past Operator's Name and Address:

J & D Resources, Inc.

PO Box 128

Wellsville, KS 66092

Phone: 785-883-4057

Date 02-22-99

Title operator

Signature Douglas G. Evans

New Operator's License No. N/A 32440 ✓

Contact Person Ralph L. Keyse

New Operator's Name and Address

Ralph L. Keyse

PO Box 581

Osawatomie, KS 66064

Phone 913-755-4300

Oil/Gas Purchaser N/A

Date 02/26/99

Title operator

Signature Ralph L. Keyse

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record 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 _____

*LEASE NAME HAHN*LOCATION: Franklin County

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)
			We received minimal records when we purchased this lease. I put down all the information that I had on this form.		
2D	N/A	N/A	Circle FSL/FNL	N/A Circle FEL/FWL	Oil Prod
3D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
9D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
10D	N/A	2100	FSL/FNL	950 FEL/FWL	Oil prod.
11D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
12D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
21D	N/A	880	FSL/FNL	440 FEL/FWL	Oil prod.
22D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
23D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
36D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
14D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
A15D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
B15D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
C10D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
D15D	N/A	N/A	FSL/FNL	N/A FEL/FWL	Oil prod.
			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.