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

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Check Applicable Boxes:

Effective Date of Transfer 11-10-96

[X] Oil Lease: No. of Wells 7 **

Lease Name Jones-Hill

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

__ - __ - __ - NW Sec 18 T 21 R 21 W(E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

N/2 NW¼

[X] Enhanced Recovery Proj. Docket No E-25,761

County Anderson

Entire project: (Yes)/No

Number of injection wells 1 **

Production Zone(s) _____

Field Name Bush City Shoestring

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 3310

Contact Person: Wince Kent

Past Operator's Name and Address:
Wince Kent
215 W 6th Garnett KS 66032

Phone: 913-448-3922

Date 1-23-97

Title Owner

Signature Wince Kent

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New Operator's License No. 6004

Contact Person Claron Benjamin

New Operator's Name and Address
Caldwell Enterprises Inc
PO Box 42
Garnett Ks 66032

Phone 913-448-3069

Oil/Gas Purchaser PLAINS

Date 1-23-97

Title _____

Signature Claron Benjamin

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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 Jane Hill

*LOCATION: N/W - 18-21-21E

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)
		Circle		Circle			
1-W	15-003-NA	4455	(FSL)/FNL	4095	(FEL)/FWL	INJ	
7	15-003-23,471	4225	(FSL)/FNL	4785	(FEL)/FWL	oil	
1	15-003-22,293	495	(FSL)/FNL	3370	(FEL)/FWL	Oil	
2	15-003-22794	5270	(FSL)/FNL	4030	(FEL)/FWL	Oil	
3	15-003-22795	4620	(FSL)/FNL	5115	(FEL)/FWL	Oil	
4	15-003-22908	4785	(FSL)/FNL	4010	(FEL)/FWL	Oil	
5	15-003-22,972	4125	(FSL)/FNL	2970	(FEL)/FWL	Oil	
6	15-003-23,037	5115	(FSL)/FNL	2970	(FEL)/FWL	Oil	
			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 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.