

KDOR: 106413

**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 1 **

☐ Gas Lease: No. of Wells _____ **

**** SIDE 2 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 Spivey-Grabs

Effective Date of Transfer 1/1/2000

Lease Name Borgelt C 1

NE - NE - SW - Sec 7 T 30 R 8 W

Legal Description of Lease: _____

NE-NE-SW4 Sec 7

County Kingman

Production Zone(s) Mississippi

Injection Zone(s) _____

Surface Pond Permit No. _____

_____ Feet from N/S Line of Section

(API No. if Drill Pit)

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 31378

Contact Person: Bob Driver

Past Operator's Name and Address:

Phone: 405-840-2761

Questar Exploration and Production Company

Date: 12/23/99

2601 Northwest Expressway, Suite 700E

Signature: Bob Driver

Oklahoma City, Oklahoma 73112

Title Coordinator, Admin Services

New Operator's License No. 31566

Contact Person: Jay Johnson

New Operator's Name and Address:

Phone: (303) 595-9251

Benchmark Oil & Gas Corporation

1515 Arapahoe Street, Suite 580

Denver, Colorado 80202

Title: President

Oil/Gas Purchaser: _____

Date: 12/20/99

Signature: _____

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit No. _____ 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 No. _____. Recommended action _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by No. _____.

Date: _____
Authorized Signature

Date: _____
Authorized Signature

*LEASE NAME	Borgelt C
*LOCATION	NE-NE-SW4, Sec 7, T30S, R8 W

WELL NO. (YR DRLD/PRE '67)

1-1509500351

Circle
2310 FSL/FNL

2310

**Circle
FSL/FNL**

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**CIRCLE
FEL/FWL**

*** When transferring a unit which consists of more than one lease, please file a separate Side 2 for each lease. If a lease covers more than one section, please indicate which section each well is located.**