REQUEST FOR CHANGE OF OPERATOR SKF
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

KDOR: 109998

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Check Applicable Boxes:

Effective Date of Transfer 3/1/95

[X] **Oil Lease: No. of Wells** 3 **

WINTERS-PLANTE UNIT #2
Lease Name Winters C

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

__-__-__-__ NW **Sec** 8 **T** 10S **R** 17 **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**

Same as above

[X] **Enhanced Recovery Proj. Docket No** E-13,187

County Rooks

Entire project: Yes (No)

Number of injection wells 1 **

Production Zone(s) Lansing/Kansas City

Field Name Plainville

Injection Zone(s) Lansing/Kansas City

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Surface Pond Permit # _____ _____ **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** ☐

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Past Operator's License No. 5560

Contact Person: Lee H. Davis

Past Operator's Name and Address:
Davis Bros. Oil Producers, Inc.
One Williams Center, Suite 2000
Tulsa, OK 74172-0120

Phone: 918/584-3581

Date 3/29/95

Title President

Signature _____

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New Operator's License No. 6569

Contact Person Carmen Schmitt

New Operator's Name and Address
Carmen Schmitt, Inc.
P.O. Box 47
Great Bend, KS 67530

Phone 316/793-5100

Oil/Gas Purchaser National Cooperative Refinery, Inc.

Date 3/29/95

Title _____

Signature _____

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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

P

MUST BE FILED FOR ALL WELLS

WINTERS-PLANTE UNIT #2

*LEASE NAME Winters C

*LOCATION: NW/4 Sec. 8-10S-17W

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle		Circle	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
1	15-163-30153-0000 1966	2970	(FSL)/FNL	4290	(FEL)/FWL	Oil	PROD
2	15-163-30224-0000 1966	4290	(FSL)/FNL	4290	(FEL)/FWL	Oil	PROD
3	15-163-20017-0000 5/6/67 *	2970	(FSL)/FNL	2940	(FEL)/FWL	Oil	TA
4	15-163-20038-0001 8/6/67 *	3960	(FSL)/FNL	2970	(FEL)/FWL	INJ	Active
			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		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

* Do not have API in our records, this is completion date of well.

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.