

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

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

Check Applicable Boxes

Effective Date Of Transfer ⁰⁵ 4/01/99

[X] Oil Lease: No. of Wells 1
[] Gas Lease: No. of Wells _____

Lease Name EOG Johnson
-SW- ~~SW~~ Sec 17-T30S-R7W

[] Saltwater Disposal Well
Docket Number _____

NW SW
Legal Description of Lease NW/4 SECTION 17
SW/NW/4 + SW/4 + SW/4

Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

County Kingman
Production Zones Mississippi Chat

[] Enhanced Recovery Proj.
Docket Number _____

Injection Zones _____

Entire Project: YES/NO
Number of Injection Wells _____

Field Name Spivey Grabs

KDOR: 117822 210933

Surface Pond Permit # _____
(API# 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. 5615 ✓

Contact Person: Scott M. Webb

Past Operator's Name and Address:

Phone: (303) 308-8500

Ocean Energy Resources, Inc.

Date 4/05 /99

1670 Broadway, STE 2800

Denver, Colorado 80202-4826

Title Regulatory Coordinator

Signature 

New Operator's License No. 32446 ✓

Contact Person Arelene Valliquette

New Operator's Name and Address

Phone (972) 701-8377

Merit Energy Company

Oil/Gas Purchaser Trident

12222 Merit Drive, STE 1500

Date 4/07/99

Dallas, Texas 75251

Title Manager Regulatory Affairs

Signature 

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 _____

CONSERVATION DIVISION
Wichita Kansas

Wichita, Kansas

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*Lease Name EOG Johnson

*Location Kingman County

[illegible]