

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 6/30/98

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

Lease Name EOG Johnson
_____-____-~~NW~~_{SW} Sec 17-T30S-R7W

[] Saltwater Disposal Well
Docket Number _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

Legal Description of Lease ~~NW~~_{SW}/4 SECTION 17

[] Enhanced Recovery Proj.
Docket Number _____
Entire Project: YES/NO
Number of Injection Wells _____

County Kingman
Production Zones Mississippi Chat

Injection Zones _____

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) 573-5100

UMC Petroleum Corporation
410 17th Street, Suite 1400
Denver, Colorado 80202
Title Regulatory Coordinator

Date 9/25 /98

Signature 

New Operator's License No. 5615 ✓

Contact Person Scott M. Webb

New Operator's Name and Address

Phone (303) 573-5100

Ocean Energy Resources, Inc
410 17th Street, Suite 1400
Denver, Colorado 80202

Oil/Gas Purchaser Trident

Date 9/25/98

Title Regulatory Coordinator

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

MUST BE FILED FOR ALL WELLS

*Lease Name EOG Johnson

*Location Kingman County

Well #	API#/ Year Drilled, Pre 67	Footage From Section Line	Type Of Well	Status
1	15-095- 60009 8/3/82 21248-0000	330 ' FSL 1320	OIL	PROD.
		9625' FEL 220 FWL		

15-095-10000
15-095-10001
15-095-10002
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15-095-10007
15-095-10008
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