McMILLEN B

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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KCDOR: 109712

Check Applicable Boxes:

Effective Date of Transfer 11-1-95

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

Lease Name McMillen B

[ ] Gas Lease: No. of Wells 0 **

___-___-___-___ Sec 25 T 8 R 18 (W)E

** SIDE TWO MUST BE COMPLETED **

[ ] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

Legal Description of Lease: _____

N/2 NE/4 & SW/4 NE/4 Section 25-8S-18W

[ ] Enhanced Recovery Proj. Docket No 98,044C

Entire project: Yes/No

Number of injection wells 1 **

County Rooks

Production Zone(s) Lansing - Kansas City

Field Name Dopita

Injection Zone(s) Lansing - Kansas City

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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 ☐ JR

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Past Operator's License No. 5447

Contact Person: David Juby

Past Operator's Name and Address:
OXY USA Inc.
P. O. Box 26100
Oklahoma City, OK 73126-0100

Phone: 405-749-2273

Date 9-20-95

Title _____

Signature Dean Athens

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New Operator's License No. 03194

Contact Person Eugene Leiker

New Operator's Name and Address
TRI UNITED Inc
950 270th ave
Hays, Ks 67601

Phone 913-628-3670

Oil/Gas Purchaser Citgo

Date 10/11/95

Title president

Signature Eugene E Leiker

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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 # _____.

NOV-6 1995

Date _____ _____ Authorized Signature

Form T1 7/94

P LOT 37

MUST BE FILED FOR ALL WELLS

*LEASE NAME McMillen B

*LOCATION: _____

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)
1	15-163-01395-0002 15-163-~~95112~~-00	330	Circle FSL/(FNL)	2310	Circle (FEL)/FWL	INJ	ACTIVE
2	15-163-01396-0000 15-163-~~97603~~-00	330	(FSL)/FNL	330	(FEL)/FWL	OIL	ACTIVE
4	15-163-19136-0000 ~~92,388C~~	990	(FSL)/FNL	990	(FEL)/FWL	OIL	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		
			FSL/FNL		FEL/FWL		

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

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