

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

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

KDOR: 129462

Effective Date of Transfer 11/30/92

Check Applicable Boxes:

Lease Name #1-17 Johnson

[X] Oil Lease: No. of Wells 1

17 Sec. T 10 S R 26 W/E

[] Gas Lease: No. of Wells _____

Legal Description of Lease: NW1

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

County Sheridan

[] Enhanced Recovery Project Docket No. _____

Entire project: Yes/No

Number of injection wells _____

Production Zone(s) Lansing Kansas City

Injection Zone(s) _____

Field Name Tilton NE

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: 15-179-20.943-0000

Past Operator's License No. 5654

Contact Person: M. Bradford Rine

Past Operator's Name and Address:

Phone: (316) 262-5418

Rine Drilling and Exploration, Inc.

Date 12/28/92

200 West Douglas, Suite 1050

Wichita, Kansas 67202-3010

Title President

Signature M. Bradford Rine M. Bradford Rine

New Operator's License No. 5055

Contact Person M. Bradford Rine

New Operator's Name and Address

Phone (316) 267-1333

C. H. Todd, Inc.

Oil/Gas Purchaser Texaco Trading & Transportation

200 West Douglas, Suite 1050

Date 12/28/92

Wichita, Kansas 67202-3010

Manager of

Title Exploration and Production

Signature M. Bradford Rine M. Bradford Rine

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and 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 _____

Date _____

Authorized Signature _____

Form T1 10/91