

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

KDOR: 117217

Check Applicable Boxes:

Effective Date of Transfer 12/1/95

[x] Oil Lease: No. of Wells 2 **

Lease Name VOHS

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

_____-_____-_____- Sec 24 T 10 S R 19 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: NW/4

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

County Rooks

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) LKC

Field Name Vohs

Injection Zone(s) _____

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 ☐

Past Operator's License No. 30606

Contact Person: Larry Jack

Past operator's name and address:

Phone: (316) 267-3241

Murfin Drilling Co., Inc.

250 N. Water, #300

Wichita, KS 67202

✓ Date November 21, 1995 03-07-96

Title Production Manager

✓ Signature Larry M. Jack

New Operator's License No. 08631 ✓

Contact Person BOB FAARIS

New Operator's Name and Address

Phone 405 778 3502

FAARIS WELL SERVICE

PO BOX 280

TURKEY OKLA 73950

Oil/Gas Purchaser N-C-R-A

Date 3-4-96

Title OWNER

Signature Bob Faaris

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 _____

Form T1 7/54

MUST BE FILED FOR ALL WELLS

*LEASE NAME Vohs

*LOCATION: 24-108-19W

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)
<u>1-24</u>	<u>15-163-21582-0000</u>	<u>1260</u>	<u>Circle</u> <u>FSL/FNL</u>	<u>1980</u>	<u>Circle</u> <u>FEL/FWL</u>	<u>Oil</u>
<u>2-24</u>	<u>15-163-22853-0000</u>	<u>4290</u>	<u>FSL/FNL</u>	<u>4290</u>	<u>FEL/FWL</u>	<u>Oil</u>
			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	
			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 side two for each lease. If a lease covers more than one section please indicate which section each well is located.