

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

Check Applicable Boxes:

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

[] Gas Lease: No. of Wells 1 **

** SIDE TWO MUST BE COMPLETED **

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

Entire project: Yes/No

Number of injection wells _____ **

Effective Date of Transfer 1/1/00

Lease Name Alter

_____ Sec 22 T 33s R 13e W/E

Legal Description of Lease: SE/4

County Mont chanta

Production Zone(s) Mississippi

Field Name Wayside-Havana

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. 5078

Contact Person: Gary Laswell

Past Operator's Name and Address:

Donna Lee Oil Co.

900 College Ave.

Independence, Ks 67301

Phone: (316)331-0207

Date March 24, 2000

Title Kansas Manager

Signature _____

New Operator's License No. 32596

Contact Person Gary Laswell

New Operator's Name and Address

Phone (316)331-0207

New Donna Lee Oil Co.

900 College Ave.

Independence, Ks 67301

Oil/Gas Purchaser Donna Lee Oil Co.

Date March 24, 2000

Title Kansas Manager

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 _____ containing the surface _____ permitted by the _____ STATE CORPORATION COMMISSION.

Date _____

Authorized Signature

Date _____

CONSERVATION DIVISION
Wichita, Kansas

Authorized Signature

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME : ALTER

*LOCATION SE/4 SEC 22, T33S, R13E, CO

SCANNED
SIDE 2
T1 7/94

WELL NO.

API NO.
(YR DRILL/PRE '67)

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INI/WSW)

WELL STATUS
(PROD/TAD
ABANDONED)

KHHT-1

019
15-125-25,782

330 FSL, 2310 FEL, SEC 22

GAS

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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.