

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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

Form T-1  
June 2000  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

Check Applicable Boxes:

- ☐ Oil Lease: No. of Wells \_\_\_\_\_  
☒ Gas Lease: No. of Wells 2 \*\*

\*\* Side Two Must Be Completed.

☐ Saltwater Disposal Well - Docket No. \_\_\_\_\_

Spot Location: \_\_\_\_\_ feet from N / S Line  
\_\_\_\_\_ feet from E / W Line

☐ Enhanced Recovery Project Docket No. \_\_\_\_\_

Entire Project: ☐ Yes ☐ No

Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Hugoton

Effective Date of Transfer: January 1, 2001

Lease Name: Ellsaesser 1

\_\_\_\_\_ Sec. 17 Twp. 29 R. 32 ☐ E ☒ W

Legal Description of Lease: All of Sec. 17, Twp. 29S, R32W

County: Haskell

Production Zone(s): Hugoton

Injection Zone(s): \_\_\_\_\_

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. 5269

Past Operator's Name & Address: Kansas Natural Gas, Inc.  
P. O. Box 818, Hays, KS 67601

Title: Vice President

Contact Person: Alan R. Hoffman

Phone: 785-625-7353

Date: June 5, 2001

Signature: Alan R. Hoffman

New Operator's License No. 32787

New Operator's Name & Address: Kansas Natural Gas  
Operating Inc., P. O. Box 818, Hays, Kansas 67601

Title: Vice-President

Contact Person: Alan R. Hoffman

Phone: 785-625-7353

Oil / Gas Purchaser: Amoco

Date: June 5, 2001

Signature: Alan R. Hoffman

**Acknowledgment 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 acknowledgment 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

2/1/02 FEB 04 2002 2/02

RECEIVED  
KANSAS CORPORATION COMMISSION  
new operator of the above named \_\_\_\_\_ as the  
permitted by # \_\_\_\_\_

JUN 13 2001

Date: \_\_\_\_\_  
CONSERVATION DIVISION

\* 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.