

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1

June 2000

Form must be Typed

Form must be Signed

All blanks must be Filled

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

DOR 202549

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: McNellis #1

_____ Sec. 27 Twp. 21 R. 35 ☐ E ☒ W

Legal Description of Lease: N/2 & SW/4 of Sec 27, and the

SE/4 of Sec 22, Twp 21S, R35W

County: Kearny

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

PO 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 PO Box 818 Hays, KS 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: _____

2/1/02 AUTHORIZED SIGNATURE

_____ new operator of the above named lease
permitted by # _____

Date: _____

AUTHORIZED SIGNATURE
CONSERVATION DIVISION

RECEIVED

JUN 13 2001

* 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.