

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: Redd 1

_____ Sec. 34 Twp. 29 R. 32 ☐ E ☒ W

Legal Description of Lease: All of Sec. 34, 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

_____ is acknowledged as the
new operator of the above named lease containing the surface
permitted by # _____

Date: _____

Authorized Signature

RECEIVED

KANSAS CORPORATION COMMISSION

JUN 13 2001

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.