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

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 09 2002
CONSERVATION DIVISION

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

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DOR 124927

Check Applicable Boxes:

Effective Date of Transfer 1-1-02

[✓] Oil Lease: No. of Wells

Lease Name SHAW

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

NE-NE-NE- Sec 11 T 34S R 3 W (E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: ____

[ ] 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 ____ **

County Cowley (Clev Sand / Bartl Sand)

Production Zone(s) 2954-60 3358-61

Field Name ____

Injection Zone(s) ____

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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 ☐ JR

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Past Operator's License No. 5587

Contact Person: L'A. WATSON

Past Operator's Name and Address:
WATSON PETROLEUM
403 NE HILLCREST
WICHITA, KS 67208

Phone: 316-686-0568

Date 1-5-02

Title ____

Signature LaWatson

****

New Operator's License No. 30492

Contact Person Dale Phillips

New Operator's Name and Address
Nichols Well Pulling
316 W 9th
P.O. Box 405
WINFIELD, KS 67156

Phone 620-221-7397 620-222-5282

Oil/Gas Purchaser STG

Date 1-5-02

Title ____

Signature Dale Phillips

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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 ____

Date ____ Authorized Signature

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

Date ____ Authorized Signature

4/30/02 MAY 01 2002 5/02

Form T1 7/94

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Shaw

*LOCATION: 11-34-3E

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)
1	15-035-23664	330	Circle FSL/(FNL)	330	Circle (FEL)/FWL	OIC	Prod.
			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.