

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

FEB 06 2003

KCC WICHITA

DOR 212572

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 Project Docket No. \_\_\_\_\_Entire Project: ☐ Yes ☐ No

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

Field Name: KansasEffective Date of Transfer: 1-1-03Lease Name: HornNW4 - - - - Sec. 11 Twp. 23 R. 3 ☐ E ☒ WLegal Description of Lease: Northwest Quarter  
of Sec 11, Twp 23S, R3WCounty: HarveyProduction Zone(s): Mississippi

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 PitPast Operator's License No. 32490 ✓Past Operator's Name & Address: Terry D. Schmidt1325 Oak Lane  
McPherson, KS 67460Title: owner/operatorContact Person: Tony SchmidtPhone: 620-241-7990

Date: \_\_\_\_\_

Signature: Tony D. SchmidtNew Operator's License No. 30878 ✓New Operator's Name & Address: Rossler Well Service, Inc.P.O. Box 525Burton, KS 67020Title: PresidentContact Person: Larry RosslerPhone: 620-463-2616Oil / Gas Purchaser: AguiarDate: 1-3-03Signature: Larry Rossler

**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 pond

permitted by # \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\* Lease Name: FLOIN \* Location: \_\_\_\_\_

[illegible]

\* 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.