

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

011003 - Loganbill.pdf

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 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: _____

Effective Date of Transfer: 1-1-03

Lease Name: Loganbill

NW 1/4 Sec. 10 Twp. 23 R. 3 ☐ E ☒ W

Legal Description of Lease: Northwest quarter of
Sec 10, Twp 23S, R3W.

County: Harvey

Production 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 Pit

Past Operator's License No. 32490 ✓

Past Operator's Name & Address: Terry D. Schmidt

1325 Oak Lane, McPherson, KS 67450

Title: owner/operator

Contact Person: Tony Schmidt

Phone: 620-241-7990

Date: _____

Signature: Tony D. Schmidt

New Operator's License No. 30878 ✓

New Operator's Name & Address: Ressler Well Service, Inc.

P.O. Box 525

Burton KS 67020

Title: President

Contact Person: Larry Ressler

Phone: 620-664-0597

Oil / Gas Purchaser: Aguila

Date: 1-3-03

Signature: Larry Ressler

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

SCANNED

* Lease Name: Loganbill * Location: _____

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)
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[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.