

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

DOR 102230

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 2 Ave Dept 1600

☐ Gas Lease: No. of Wells

** 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: Virgil

Effective Date of Transfer: 1-31-02

Lease Name: Hoover

Sec. 36 Twp. 24S R. 12E ☒ E ☐ W

Legal Description of Lease: N2 NE4 SE4

County: Greenwood

Production Zone(s): Bartlesville S

Injection Zone(s): N/A

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. 32166

Contact Person: Alexis Wood

Past Operator's Name & Address: Dunne Equities Operating

Phone: (316) 684 6508

8100 E. 22nd Street North #1100

Date: 2-13-02

Wichita, KS 67226-2311

Title: Vice President

Signature: Alexis Wood

New Operator's License No. 32979

Contact Person: Donna M. Armistead

New Operator's Name & Address: Dunne Investments Operating, Inc.

Phone: 316-684 6508

8100 E. 22nd Street North #1100

Oil / Gas Purchaser: MACLASKEY

Wichita, KS 67226-2311

Date: 2-13-02

Title: Vice President

Signature: Donna M. Armistead

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: Hoover * Location: Butler County

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.