

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 112238

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 5 2

☐ 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: _____

Effective Date of Transfer: 1-31-02

Lease Name: Vineyard

_____ - E2 - SE Sec 19 Twp. 28 R. 4E ☐ E ☐ W

Legal Description of Lease: _____

E2 SE4

County: Butler

Production Zone(s): Arbuckle

Injection Zone(s): _____

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KCC WICHITA

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

Past Operator's Name & Address: Dunne Equities Operating

8100 E. 22nd Street North #1100

Wichita, KS 67226-2311

Title: Vice President

Contact Person: Alexis R. Wood

Phone: (316) 684 6508

Date: 2-13-02

Signature: Alexis Wood

New Operator's License No. 32979

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

8100 E. 22nd Street North #1100

Wichita, KS 67226-2311

Title: Vice President

Contact Person: Donna M. Armistead

Phone: 316-684 6508

Oil / Gas Purchaser: Seminole

Date: 2-13-02

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: _____

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

Date: _____

Authorized Signature

* Lease Name: Vineyard * 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.