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

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

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Check Applicable Boxes: DOR 208984

RECEIVED
MAR 18 2002
KCC WICHITA

Effective Date of Transfer 2/1/2002

[ ] Oil Lease: No. of Wells _____

[X] Gas Lease: No. of Wells 1 **

** SIDE TWO MUST BE COMPLETED **

Lease Name CLARKE #1

___-___-___-___ Sec 7 T 34 R 13 (W/E)

Legal Description of Lease: _____

[ ] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

SW/4 & S/2 SE/4

[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____**

County BARBER

Production Zone(s) _____

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 ☐

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Past Operator's License No. 31841

Past Operator's Name and Address:
V CROSS OIL CO.
RT. 1 BOX 11
CRAWFORD, OK 73638

Title PRESIDENT

Contact Person: Bob Barton

Phone: (580) 983-2468

Date 1/23/2002

Signature Bob Barton

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New Operator's License No. 33008

New Operator's Name and Address

RKK PRODUCTION CO.
P. O. BOX 295
MUSTANG, OK 73064

Title PRESIDENT

Contact Person Gary Craighead

Phone (405) 376-2223

Oil/Gas Purchaser ONEOK

Date 1/23/2002

Signature Gary Craighead

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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

Form T1 7/94

4/23/02 APR 24 2002 4/02

MUST BE FILED FOR ALL WELLS

*LEASE NAME Clarke #1

*LOCATION: 7-34S-13W

'ELL 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/ABANDONED)
	15-007-20-530	1980	Circle FSL/FNL	1320	Circle FEL/FWL	Gas	Producing
			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		
			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