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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

030103 - Black - Twin. pdf

Form T-1

June 2000

Form must be Typed

Form must be Signed

All blanks must be Filled

APR 01 2003

KCC WICHITA

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

DCR 128432

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 1 **

☐ 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: _____

Effective Date of Transfer: March 1, 2003

Lease Name: #1 Black Twin

150' S. C. SW. SW Sec. 7 Twp. 30 R. 33 ☐ E ☒ W

Legal Description of Lease: 150 feet South of the
Center of the Southwest Quarter of the

Southwest Quarter of Section Seven, Township
30 South, Range 33 West

County: Haskell

Production Zone(s): Lemon West/Lansing B-KCA

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. 30932 ✓

Past Operator's Name & Address: Big Time Operators
P.O. Box 458, Satanta, KS 67870

Title: President

Contact Person: Leroy Hayden

Phone: (620) 649-2453

Date: March 27, 2003

Signature: [Signature]

New Operator's License No. 32366 ✓

New Operator's Name & Address: Hayden Operating
P.O. Box 606, Satanta, KS 67870

Title: Owner

Contact Person: Shawn or Blanche Hayden

Phone: (620) 649-2670

Oil / Gas Purchaser: Seminole Transportation

Date: March 27, 2003

Signature: [Signature]

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

APR 07 2003

4/03

* Lease Name: #1 Black Twin * Location: Haskell County, Kansas

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.