

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

030103 - Schwertfeger.pdf 1

\*\*\*\*\*  
DUR 103433  
Check Applicable Boxes:

Effective Date of Transfer 3/1/03

[X] Oil Lease: No. of Wells 1 \*\*

Lease Name Schwertfeger

[ ] Gas Lease: No. of Wells \_\_\_\_\_ \*\*

- - - NW Sec 16 T19 R12 W/E

\*\* SIDE TWO MUST BE COMPLETED \*\*

Legal Description of Lease: NW/4

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

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

County Barton

Production Zone(s) Lansing-K. C.

Field Name Knop

Injection Zone(s) \_\_\_\_\_

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  OKB

Past Operator's License No. 5540 ✓

Contact Person: Jeanette Goetz

Past Operator's Name and Address:  
Santa Fe Pipe & Supply, Inc.  
P. O. Box 562  
Great Bend, Kansas 67530

Phone: (620) 792-2169

Date 2/26/03

Title President

Signature Jeanette Goetz

New Operator's License No. 5310 ✓

Contact Person James W. Rockhold

New Operator's Name and Address:  
Four-Way Operating, Inc.  
P. O. Box 698  
Great Bend, Kansas 67530

Phone (620) 792-2506

Oil/Gas Purchaser National Cooperative Ref. Assn.

Date 2/24/03

Title President

Signature James W. Rockhold

\*\*\*\*\*  
**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 \_\_\_\_\_

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

Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

RECEIVED

Form T1 7/94

FEB 27 2003

KCC WICHITA

MAR 3/4/03 MAR 05 2003 3/03

