

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
June 2000
Form must be Typed
Form must be Signed
All blanks must be Filled

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

✓ DOR 106368

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 8 **

☐ 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: SPIVEY-GRABS

Effective Date of Transfer: 4/1/01

Lease Name: JOE TJADEN

_____ Sec. 24 Twp. 30S R. 8 ☐ E ☒ W

Legal Description of Lease: SE/4 AND NE/4

County: KINGMAN

Production Zone(s): MISSISSIPPIAN

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. 9663

Past Operator's Name & Address: PIONEER EXPLORATION

15603 KUYKENDAHL, SUITE#200HOUSTON, TX77090-3655

Title: OPERATIONS ASST.

Contact Person: NITA MORRIS

Phone: 281-893-9400

Date: 4/27/01

Signature: [Signature]

New Operator's License No. 32825

New Operator's Name & Address: PIONEER EXPLORATION
15603 KUYKENDAHL, SUITE#200

HOUSTON, TX 77090-3655

Title: OPERATIONS ASST.

Contact Person: NITA MORRIS

Phone: 281-893-9400

Oil / Gas Purchaser: TEPPCO CRUDE/KANSAS GAS SERVICE

Date: 4/27/01

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 # _____.
RECEIVED
KANSAS CORPORATION COMMISSION

Date: _____
Authorized Signature

CONSERVATION DIVISION

Must Be Filed For All Wells

SCANNED
ICE TJADEN

* Lease Name:

* Location: SEC. 24 T30S-R8W

Well 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'D/Abandoned)
1-24	1954	990	Circle FSL/FNL 1040 Circle FEL/FWL	OIL	PROD.
2-24	1954 15-095-00627	330	FSL/FNL 2970 FEL/FWL	OIL	PROD.
3-24	1955 15-095-00631	3630	FSL/FNL 2970 FEL/FWL	OIL	PROD.
4-24	1955 15-095-00630	330	FSL/FNL 990 FEL/FWL	OIL	TA
5-24	15-095-00510	330	FSL/FNL 990 FEL/FWL	OIL	PROD.
6-24	1954	990	FSL/FNL 990 FEL/FWL	OIL	PROD.
7-24	1954 15-095-00634	990	FSL/FNL 2310 FEL/FWL	OIL	PROD.
8-24	1954 15-095-00632	2970	FSL/FNL 2310 FEL/FWL	OIL	PROD.
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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.