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NOV 19 2001

KCC WICHITA

DOR 122060

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

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 3 \*\*

☐ 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: Salina

Effective Date of Transfer: 5/1/2001

Lease Name: Woodhouse

\_\_\_\_\_ Sec. 5 Twp. 15S R. 2 ☐ E ☒ W

Legal Description of Lease: T15S, R2W, Sec2

County: Saline

Production Zone(s): Maquoketa 3,218-50

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. 6306

Contact Person: Marva Walker

Past Operator's Name & Address: Tom Brown Construction

Phone: (785) 823-8223

1505 Ricky Circle, Salina, KS 67401-8384

Date: 5/31/01

Title: Owner

Signature: \_\_\_\_\_

New Operator's License No. ~~20081~~ 32485

Contact Person: Morrie Soderberg

New Operator's Name & Address: Oil Partners

Phone: (785) 826-8216

P.O. Box 1851

Oil / Gas Purchaser: Cooperative Refining LLC

Salina, KS 67402-1851

Date: 5/31/01

Title: \_\_\_\_\_

Signature: Morrie Soderberg

**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

APR 17 2002 4/16/02

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

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

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***Must Be Filed For All Wells***

\* Lease Name: Woodhouse \* Location: T15<sup>5</sup>, RSW, Sec2, Saline

[illegible]

*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.

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