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## KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division

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

Check applicable Boxes."  Oil Leese: No. of Wells  Case Leese: No. of Wells  Side I wor Must Be Completed  MAY 0 5 2003  Saltwater Disposal Well-Docket No.  NA feet from N / S line  Enhanced Recovery Project Docket No.  NIA feet from E / W line  Enhanced Recovery Project Docket No.  NIA feet from E / W line  Enhanced Recovery Project Docket No.  NIA feet from E / W line  Enhanced Recovery Project Docket No.  NIA feet from E / W line  Enhanced Recovery Project Docket No.  NIA feet from E / W line  Enhanced Recovery Project Docket No.  NIA  Entire Project: Yes No  Number of Injection Wells  NIA  Field Name: Clarence  Injection Zone(s): Herrington / Krider  Injection Zone(s): NIA  feet from N / S Line of Section  feet from N / S Line of Section  feet from E / W Line of Section  feet from S License No.  4424  Contact Person: George Saling  Phone: 620-241-0517  Date: Signature  Authorized Signature	LURA	15459	1	·	-1.1-		
RECEIVED   Lease Name:   BEAHM   Lease Name:   BEAHM   Side Two Must Be Completed   MAY 0 5 2003   C E/2 NW SE   Sec. 18 Twp. 19 R. 15   E XW   Saltwater Disposal Well-Docket No.   NCC WICHTTA feet from N / S line feet from N / S line feet from N / S line   N/A				Effective Date of Transfer:	-3/1/03		
Suffwo Must Be Completed  MAY 0 5 2003  Saltwater Disposal Well-Docket No. N/A feet from N / S line O S feet from N / S line N/A feet from N / S line O S feet from N / S l			RECEIVED		DEALINA		
Saltwater Disposal Well-Docket No.  Spot Location: N/A feet from N / S line feet from N / S line Enhanced Recovery Project Docket No.  Entire Project: Yes No Number of Injection Wells N/A  Surface Pond Permit # N/A (API # It Drill Ptt)  Past Operator's License No. Past Operator's Name & Address: Smokey Valley Resources PO Box 165, Mc Pherson, KS 67460  Title: Owner  New Operator's License No. New Operator's Name & Address: Giant Holding, LLC 223 West 4th, Hutchinson, KS 67501  Title: Manager  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 Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.    Saltwater Disposal Well-Docket # Past Operator of the above named lease containing the surface pond permit # has operator and may continue to inject fluids as authorized by Date:    Date:	Luciani			Lease Name:	BEAHM		
Spot Location. N/A feet from N / S line N/A feet from N / S line N/A feet from E / W line N/A feet from E / W line N/A feet from E / W line N/A SE/4 35-19-15  Enhanced Recovery Project Docket No. N/A  Entire Project: Yes No Number of Injection Wells N/A  Entire Project: Yes No N/A  Entire Project: Yes N/A  Equal Description of Lease: N/2 SE/4 35-19-15  County: BARTON  Production Zone(s): Herrington / Krider  Injection Zone(s): N/A  Feet from N / S Line of Section  feet from E / W Line of Section  feet from N / S Line of Section  feet from E / W Line of Section  feet from E / W Line of Section  feet from N / S Line of Sectio	** Side Two	o Must Be Completed	MAY 0 5 2003	C E/2 NW SE	Sec. 1/3 Twp. 19 R. 15 EXW		
Spot Location: NIA feet from N / S line* NIA feet from E / W line NIA feet from E / W line Enhanced Recovery Project Docket No. Number of Injection Wells NIA Entire Project: Yes No Number of Injection Wells NIA Entire Project: Yes No Number of Injection Wells NIA Entire Project: Yes No Number of Injection Wells NIA Entire Project: Yes No Number of Injection Wells NIA Entire Project: Yes No Number of Injection Wells NIA Entire Project: Yes No Number Olarence    Surface Pond Permit # NIA	Saltwater D	isposal Well-Docket No.	MEC WICHITA				
Entire Project:YesNo	Spot Location	on: N/A		Legal Description of Lease	9:		
Entire Project:		N/A	feet from E / W line	N/2 SE/4 35-1	19-15		
Number of Injection Wells N/A	Enhanced R	Recovery Project Docket No.	N/A				
Field Name: Clarence  Injection Zone(s): N/A  Surface Pond Permit # N/A	Entire Proje	ct: Yes No		County: BARTON			
Surface Pond Permit # N/A	Number of I	njection Wells N/A		Production Zone(s):	Herrington / Krider		
CAPI # If Drill Pit)   Feet from E / W Line of Section	Field Name:	Clarence		Injection Zone(s):	N/A		
CAPI # If Drill Pit)   Feet from E / W Line of Section	Surface Bond B	tormit # N/A			feet from N / S Line of Section		
Past Operator's License No. 4424 Contact Person: George Saling Phone: 620-241-0517  PO Box 165, Mc Pherson, KS 67460 Date: 57-03  New Operator's License No. 33226 Contact Person: Dennis Terwey New Operator's License No. 33226 Contact Person: Dennis Terwey New Operator's License No. 33226 Contact Person: Dennis Terwey New Operator's License No. 33226 Contact Person: Dennis Terwey New Operator's License No. 33226 Contact Person: Dennis Terwey New Operator's License No. 33226 Contact Person: Dennis Terwey New Operator's License No. 33226 Contact Person: Dennis Terwey New Operator's License No. 33226 Contact Person: Dennis Terwey Phone: 620-662-9005  Oil / Gas Purchaser: Lumen Date: 57 / 03  Title: Manager  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 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.	Surface Folio F						
Past Operator's License No.					_ feet from E / W Line of Section		
Past Operator's Name & Address: Smokey Valley Resources PO Box 165, Mc Pherson, KS 67460 Date:    Title: Owner	Identify:	Emergency Pit	Burn Pit	Storage Pit	Drill Pit KBC		
Past Operator's Name & Address: Smokey Valley Resources PO Box 165, Mc Pherson, KS 67460 Date:    Title: Owner	Past Operator's	License No.	4424	Contact Person:	George Saling		
Title: Owner Signature: Signature			ey Valley Resources	Phone:	620-241-0517		
New Operator's License No. 33226		PO Box 165, Mc Phers	son, KS 67460	Date: <u>5-/-c</u>	) <del>-</del>		
New Operator's Name & Address: Giant Holding, LLC 223 West 4th, Hutchinson, KS 67501  Date:    Date:   Garage   Color	Title:	Owner		Signature: <u>Heary</u>	- Saling		
New Operator's Name & Address: Giant Holding, LLC 223 West 4th, Hutchinson, KS 67501  Title: Manager  Manager  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 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.	New Operato	or's License No.	33226	Contact Person:			
Title: Manager 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 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.		or's Name & Address: C			· · · · · · · · · · · · · · · · · · ·		
Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pond permit #		223 West 4th, Hutch	ninson, KS 67501	Oil / Gas Purchaser:	Lumen		
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 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.				Date: <u>\$ / 1 / 0</u>	<u>3</u>		
been noted, approved and duly recorded in the records of 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.	Title:	Manager		Signature:	- here		
been noted, approved and duly recorded in the records of 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.	Acknowledam	ent of Transfer: The abov	e request for transfer	of injection authorization.	surface pond permit # has		
operator and may continue to inject fluids as authorized by  Docket # Recommended action:  Date: Date:	been noted, a pertains to Ka	pproved and duly recorded nsas Corporation Commis	I in the records of Kan	sas Corporation Commiss	ion. This Acknowledgment of transfer		
operator and may continue to inject fluids as authorized by  Docket # Recommended action:  Date: Date:		io coknov	wladged as the naw		is acknowledged as the new		
Docket #         Recommended action:         permitted by #           Date:         Date:	operator and m		•				
	•			•			
				Date:			
	Date:			Date.			

Mail to KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, KS 67202

## Must Be Filed For All Wells

* Lease Name	Beahm:		* Location:	N/2 SE/4 35-19-15	
Well No.	API No. (YR DRLD/PRE'67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-009-22242	1320 Circle	Circle	Gas	PROD
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL .	, , , , , , , , , , , , , , , , , , , ,	
		FSL/FNL	FEL/FWL		
	who was to have been and the first the second				
		FSL/FNL	FEL/FWL .		<del></del>
		FSL/FNL	FEL/FWL _		
<del></del>	•	FSL/FNL	FEL/FWL	····	
		FSL/FNL	FEL/FWL _		
		FSUFNL	FEL/FWL _	· · · · · · · · · · · · · · · · · · ·	
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL			
		FSL/FNL			

## A separate sheet may be attached if necessary

<sup>\*</sup> 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.