053003-M-Graber.pdf

Form must be Typed Form must be Signed All blanks must be Filled

## MOR 201426(1) KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION POR 222132 (1-1) REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE POND PERMIT

Check Applicable Boxes:	Effective Date of Transfer: May 30, 2003		
Oil Lease: No. of Wells**			
Gas Lease: No. of Wells 2 **	Lease Name: M. Graber		
** Side Two Must Be Completed.			
Saltwater Disposal Well - Docket No.	Legal Description of Lease: Sec. 18-T24S-R37W		
Spot Location: feet from N / S Line			
feet from E / W Line			
Enhanced Recovery Project Docket No	KEADNY		
Entire Project: Yes No	County: KEARNY		
Number of Injection Wells**	Production Zone(s): CHASE		
Field Name: Hugoton	Injection Zone(s): NONE		
Surface Pond Permit #	feet from N / S Line of Section		
(API # If Drill Pit)	feet from F / W Line of Section		
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit		
identify: Energency Fit. Bulli Fit.			
Past Operator's License No. 32909	Contact Person: Ron Greenwell		
Past Operator's Name & Address: Williams Production RMT Commpany	Phone: 918-573-2104		
One Williams Center Tulsa, OK 74172	Date: May 30, 2003		
Title: Manager Acquisitions and Divestitures	Signature: <u>Lon Dienwell</u>		
32864	Contact Person: Bruce Hankins RECEIVED		
New Operator's License No. 32864			
New Operator's Name & Address: XTO Energy	Phone: 405-232-4011 JUN 1 3 2003		
210 Park Avenue Suite 2350 Oklahoma City, OK 73102	Oil / Gas Purchaser: Oneok		
	Date: May 30, 2003		
Title: Production Data Supervisor	Signature: Level & Markeis		
ride:	olgilatilo.		
_	authorization, surface pond permit # has been		
	ration Commission. This acknowledgment of transfer pertains to Kansas		
Corporation Commission records only and does not convey any ownership	p interest in the above injection well(s) or pond permit.		
is acknowleged as the	is acknowleged as the		
	·		
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pond		
Docket # Recommended action:	permitted by #		
Date:	Date:		
Autnorizea Signature	Additionzed dignature		

SCANNED

## Must Be Filed For All Wells

* Lease Name: M. Graber		Manager 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	+ Location: Sec. 18-T24S-R37W			
Well No.	Well No. API No. (YR DRLD/PRE '67)		Section Line from South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA`D/Abandoned)	
1	(1952)15-093-0045	5/2490 Circle	2490 Circle	Gas	Prod	
<u>1-l</u>	15-093-21594	1250 FSL FNL	" ليا	Gas	Prod	
		FSL/FNL	FEL/FWL	. —		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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<u> </u>		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		1-11-11	
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		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.