TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

SCANNED

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DOR 124145

Check Applicable Boxes:

Effective Date of Transfer 7/2000

[X] Oil Lease: No. of Wells 2 **

Lease Name Barbara A.

[ ] Gas Lease: No. of Wells _____ **

__-__-__-__ Sec 28 T 30 R 16 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: SW NE NE

[ ] 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 Wilson

Production Zone(s) Bartlesville

Field Name Neodesha

Injection Zone(s) _____

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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 ☐ JR

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Past Operator's License No. 5963

Contact Person: B. Willis

Past Operator's Name and Address:
Willis Energy
Rt. 2, Box 255
Neodesha, Ks. 66757

Phone: 620 325 5189

Date 8/23/2001

Title Owner

Signature Susan A. Willis Executrix

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New Operator's License No. 32672

Contact Person B. Willis

New Operator's Name and Address
Willis Energy
Rt. 2, Box 255
Neodesha, Ks. 66757

Phone 620 325 5189

Oil/Gas Purchaser Crude Marketing

Date 8/23/2001

Title Owner

Signature Susan A. Willis

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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 _____

Date _____ _____
Authorized Signature

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

Date _____ _____
Authorized Signature

Form T1 7/94

RECEIVED
AUG 27 2001
KCC WICHITA

Epan 9/6/01 SEP 10 2001 9/01

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

***LEASE NAME** Barbara A. ***LOCATION:** S.28 T.30S R.16E

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	15 205 24321 ✓	4290	Circle FSL/FNL	990	Circle FEL/FWL	Oil	Prod.
2	15 205 24344 ✓	3960	FSL/FNL	1035	FEL/FWL	Oil	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		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

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