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

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

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Check Applicable Boxes: ✓ DOR 204666

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

[X] Gas Lease: No. of Wells 1 **
** SIDE TWO MUST BE COMPLETED **

[ ] 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 _____ **

Field Name Medicine Lodge - Boggs

Effective Date of Transfer July 1, 2001

Lease Name B.E. Holmes

W/2 - W/2 - NE Sec 27 T 33S R 13 (W) E

Legal Description of Lease: _____

NE/4 & E/2 NW/4

County Barber

Production Zone(s) Mississippi

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 ☐

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Past Operator's License No. 7597

Past Operator's Name and Address:
Neumann, Otto C.
21 S. Clark Street
Chicago, IL 60603

Title _____

Contact Person: John P. Riordan

Phone: (312) 726-5555

Date June 29, 2001

Signature John P. Riordan

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New Operator's License No. 5123

New Operator's Name and Address
Pickrell Drilling Company, Inc.
100 S. Main, Suite 505
Wichita, Kansas 67202

Title Engineer

Contact Person Jack Gurley

Phone (316) 262-8427

Oil/Gas Purchaser _____

Date June 22, 2001

Signature Jack Gurley

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 3 2001
CONSERVATION DIVISION

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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 record 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

EP&R 11/5/01 PROD 11/9 2001 UIC 11/01

Form T1 7/94

SIDE 2

MUST BE FILED FOR ALL WELLS

T1 7/94

*LEASE NAME B.E. Holmes

*LOCATION: W/2 W/2 NE

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)
			Circle		Circle		
1	15-007-10327 — N/A (1957)	3960	FSL/FNL	2310	FEL/FWL	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		
			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.