080103 - Budde - INJ.pdf

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

DOR 1154163

RECEIVED
AUG 04 2003
KCC WICHITA

Check Applicable Boxes:

Effective Date of Transfer 8/1/03

[ ] Oil Lease: No. of Wells _____

Lease Name Budde

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

__ - __ - __ - SW Sec 27 T 24 R 12 (W) E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[ ] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

SW/4

[X] Enhanced Recovery Proj. Docket No E-24,345

County Stafford

Entire project: Yes/No
Number of injection wells _____**

Production Zone(s) _____

Field Name North Star

Injection Zone(s) Viola

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 ☒ RBC

Past Operator's License No. 32081

Contact Person: George Saling

Past Operator's Name and Address:
Smokey Valley Resources, Inc.
P.O. Box 305
Chase, KS 67524

Phone: 620-938-2470

Date July 31, 2003

Title President

Signature _____

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New Operator's License No. 32494

Contact Person Dennis W. Dreiling

New Operator's Name and Address
J. D. Oil
215 6th Street
Claflin, KS 67525

Phone 620-587-3658

Oil/Gas Purchaser _____

Date July 31, 2003

Title J-D Oil

Signature Dennis W. Dreiling, Owner

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.

J. D. Oil is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # E-24345. Recommended action _____

Date 8-11-03 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

Exam 8/14/03 SEP 22 2003 8/15/03

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Budde

*LOCATION: SW/4 27-24-12W

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 ABANDONED)
			Circle		Circle		
4	15-185-01,009	990	(FSL)/FNL	990	FEL/(FWL)	INJ	INJ
			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.