

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Form T-1
June 2000
Form must be Typed
Form must be Signed
All blanks must be Filled

✓ DOR 215326

Check Applicable Boxes:

☐ Oil Lease: No. of Wells _____ **

☒ 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 Project Docket No. _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: Hugoton

Effective Date of Transfer: August 2, 2001

Lease Name: Shannon

_____ Sec. 36 Twp. 25S R. 32 ☐ E ☒ W

Legal Description of Lease: SW/4 Sec. 36-T25S-R32W

County: Kearny

Production Zone(s): Chase

Injection Zone(s): none

Surface Pond Permit # _____
(API # 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

Past Operator's License No. 32824 ✓

Past Operator's Name & Address: Barrett Resources Corporation

P.O. Box 383 Lakin, KS 67860

Title: District Manager

Contact Person: Wayne King

Phone: 620-355-7838

Date: August 30, 2001

Signature: Wayne King

RECEIVED

SEP 13 2001

KCC WICHITA

New Operator's License No. 32909 ✓

New Operator's Name & Address: _____

Williams Production RMT Company

P.O. Box 383 Lakin, KS 67860

Title: Engineering Technician

Contact Person: Don K. Wilken

Phone: 620-355-7838

Oil / Gas Purchaser: Oneok

Date: August 30, 2001

Signature: Don K. Wilken

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 the 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.

_____ 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

* Location: .

Well No.

Footage from Section Line
(i.e. FSL = Feet from South Line)

Well Status
(PROD/TA'D/Abandoned)

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.