

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

DOR 218830

090401 Chandler.pdf
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes:

☐ Oil Lease: No. of Wells _____ **
☒ Gas Lease: No. of Wells 2 **
** SIDE TWO MUST BE COMPLETED **

RECEIVED

OCT 15 2002

KCC WICHITA

Effective Date of Transfer SEPT 4, 2001

Lease Name CHANDLER

SW/4&NW/4 Sec 30 T17 R 21 E

Legal Description of Lease: SW/4 & SE/4 NW/4

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

SEC.30-17-21E

☐ Enhanced Recovery Proj. Docket No. _____

County FRANKLIN

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) CATTLEMAN

Field Name UNKNOWN

Injection Zone(s) _____

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 _____

Past Operator's License No. 30787

Contact Person: John Adger

Exp. 8-30-2001

Past Operator's Name and Address:

Phone: 301-622-4295

OWI Operating Company LC
227 S. Main
Ottawa, KS. 66067

Date 9/24/02

Title Partner

Signature John Adger

New Operator's License No. 5150

Contact Person DENNIS KERSHNER

New Operator's Name and Address

Phone 620-365-3111

COLT ENERGY, INC.
P.O. BOX 388
IOLA, KS 66749

Oil/Gas Purchaser ONEOK

Date 8-5-02

Title OFFICE MANAGER

Signature Dennis Kershner

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 _____

_____ is acknowledged as the

new operator of the above named lease containing
the surface pond permitted by # _____

Date _____

Authorized Signature

Date _____

Authorized Signature

Form T1 7/94

10/18/2002 OCT 25 2002 10/02

SCANNED

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME CHANDLER *LOCATION: SEC. 30 -17-21 FRANKLIN COUNTY
API NO. TYPE OF WELL WELL STATUS
WELL NO. (YR DRLD/PRE '67) (OIL/GAS (PROD/TA'D
INJ/WSW) ABANDONED)

		Circle	Circle		
1	15-059-24,742	✓	660FSL	1980 FEL	GAS PROD
2	N/A 15-059-24,809	✓	2276FSL	1765FEL	GAS PROD

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.