## Kansas Corporation Commission Oil & Gas Conservation Division

## REQUEST FOR CHANGE OF OPERATOR

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

RECEIVED KCC DISTRICT #2 FEB 0 4 200ZRANSFER OF INJECTION OR SURFACE POND PERMIT MR 124231

Check Application, KS	Effective Date of Transfer: November 1, 2001			
X Oil Lease: No. of Wells 1				
Gas Lease: No. of Wells**	Lease Name: <b>PETERSON D</b>			
** 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.	MaDhorson			
Entire Project: Yes No	County: McPherson			
Number of Injection Wells**	Production Zone(s): Miss.			
Field Name:	Injection Zone(s):			
Surface Pond Permit #(API # If Drill Pit)	feet from N / S Line of Section			
(API # If Drill Pit)	feet from E / W Line of Section			
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit			
Past Operator's License No. 32081	Contact Person: George Saling			
Past Operator's Name & Address: Smokey Valley Res.,	Inghone: 620.938.2470			
P.O. Box 199, Chase, KS 67525	Dale: January 24, 2002			
	2			
Title: President	Signature: George Salvry			
	4			
New Operator's License No. 32005	Contact Person: Keith Huddleston			
New Operator's Name & Address: <u>Kera≃Oi1</u>	Phone: 620.664.6558			
3406 E 28th, Hutchinson, KS 67502	Oil / Gas Purchaser: NCRA			
	Date: 1-31-02			
75.11				
Title:	Signature: 411/1/2/3/2019			
	authorization, surface pond permit # has been			
noted, approved and duly recorded in the records of the Kansas Corpo	oration Commission. This acknowledgment of transfer pertains to Kansas			
Corporation Commission records only and does not convey any ownersh	ip interest in the above injection well(s) or pond permit.			
is acknowleged as the	to relate to the state of			
	is acknowleged as the			
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pond			
Docket # Recommended action:	permitted by #			
Date:	Date:			
Authorized Signature	Authorized Signature			



## Must Be Filed For All Wells

* Lease Name: _	PETERSON D		* Location:	SE/4 of	29#20#5	W
Well No.	Vell No. API No. Footage from Section (YR DRLD/PRE '67) (i.e. FSL ≠ Feet from S		Section Line rom South Line)	Type of (Oil/Gas/	Well NJ/WSW)	Well Status (PROD/TA'D/Abandoned)
D1	15-113-21150	1320 Circle	330 Circle	Oi1		Prod.
		FSL/FNL	FEVFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	A	FSL/FNL .	FEL/FWL		<del></del>	
		FSL/FNL	FEL/FWL			0 Name .
		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 _				
		FSL/FNL _	FEL/FWL .			
		FSL/FNL _	FEL/FWL _			
		FSL/FNL _	FEUFWL _	<del></del>		
		FSL/FNL _	FEL/FWL _			
		FSL/FNL _	FELIFWL _			
		FSL/FNL _	FEL/FWL		,	
		-				
			_			

A separate sheet may be attached if necessary

<sup>\*</sup> 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.