

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

*****RECEIVED*****

KANSAS CORP COMD

Check Applicable Boxes:

[X] Oil Lease: No. of Wells

2000 MAR -6 1:39
I **

[] Gas Lease: No. of Wells

**

** SIDE TWO MUST BE COMPLETED **

[] Saltwater Disposal Well - Docket No.

Spot Location: _____ feet from S Line
_____ feet from E Line

[X] Enhanced Recovery Proj. Docket No. E-27,194

Entire project:

Number of injection wells _____ **

Field Name Spivey-Grabs

Surface Pond Permit #

(API No. If Drill Pit)

Identify:

Emergency Pit

☐

Burn Pit

☐

Storage Pit

☐

Drill Pit

☐

Past Operator's License No.

31566

Past Operator's Name and Address:

Benchmark Oil & Gas Corporation
1515 Arapahoe Street, Suite 580
Denver, CO 80202

Title Production Coordinator

New Operator's License No.

9081

New Operator's Name and Address:

Breck Operating Corp.
P.O. Box 911
Breckenridge, TX 76424

Title Production Clerk

Contact Person:

Christa Trujillo

Phone:

(303) 595-9251

Date

Signature

Christa Trujillo

Contact Person

Linda Venekamp

Phone

254-559-3355

Oil/Gas Purchaser

Highland Energy Company

Date

February 29, 2000

Signature

Linda Venekamp

ACKNOWLEDGEMENT OF TRASFER: The above request for trasfer 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.

BRECK OPERATING is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # E-27,194
_____. Recommended action _____

Date

5-10-2000

Authorized Signature

Nike Engelhardt

EP&R 4/11/2000

PROD

UIC 4-27-00

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

Date

Authorized Signature

Form T1 7/94