

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
STATE CORPORATION COMMISSION

Check Applicable Boxes:

[X] Oil Lease: No. of Wells 2 **
[] Gas Lease: No. of Wells _____
** SIDE TWO MUST BE COMPLETED **
[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line
[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No
Number of injection wells _____ **

Field Name _____

Surface Pond Permit # _____
(API No. If Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer Jan. 1, 2000

Lease Name Schafer

_____ Sec 2 T 21S R 9W W/E

Legal Description of Lease: _____

_____ E/2 N/2 SE/4

County Rice

Production Zone(s) Simpson Sand

Injection Zone(s) _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 31528

Past Operator's Name and Address:

Mike Kelso Oil, Inc.
P.O. Box 467
Chase, Kansas 67524
Title President

New Operator's License No. 3911

New Operator's Name and Address

Reama Operating Co., Inc.
P.O. Box 159
Stafford, Kansas 67578

Title Vice-president

Contact Person: Mike Kelso

Phone: 316-938-2943

Date 2-10-00

Signature Mike Kelso

Contact Person Robin L. Austin

Phone 316/234-5191

Oil/Gas Purchaser _____

Date 2-11-00

Signature [Signature]

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 _____

Date _____ Authorized Signature _____

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

APR 18 2000
Date _____ Authorized Signature _____
CONSERVATION DIVISION
Wichita, Kansas
Form T1 7/94

E/2 N/2 SE/4

*LOCATION: Sec. 2-215-9W

Schaffer

API NO.
(YR DRDL/PRE '67)

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/MSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

2

1961 15-159-06623

2310

circle
FSL/FNL

990

**Circle
FEL/FWL**

Oil

Shut-in

4

1961 15-159-30073

1650

FSL/FNL

066

FEEL/FWL

Oil

TA'D

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.