

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

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

Effective Date of Transfer 1/1/92

Check Applicable Boxes:

Lease Name ADAMS RANCH 1-12

[] Oil Lease: No. of Wells _____

12 Sec. T 35 S R 30 W

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: _____
SW NE NW

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

County MEADE

[] Enhanced Recovery Project Docket No. _____
Entire project: Yes/No
Number of injection wells _____

Production Zone(s) CHESTER

Injection Zone(s) _____

Field Name ADAMS RANCH

Surface Pond Permit # _____

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

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 6566

Contact Person: BOB MAJOR

Past Operator's Name and Address

Phone: (918) 491-4372

LEBEN OIL CORPORATION

Date 1/29/92

P.O. BOX 21468

TULSA, OK. 74121-1468

Title PROD. RECORDS MANAGER

Signature Bob Major

New Operator's License No. 6568

Contact Person CHARLOTTE VAN VALKENBURG

New Operator's Name and Address

Phone (918) 491-4314

KAISER-FRANCIS OIL COMPANY

Oil/Gas Purchaser SCURLOCK PERMIAN/PANHANDLE

P.O. BOX 21468

TULSA, OK. 74121-1468

Date 1/29/92

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 _____

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION

7/91

202 West First
200 Colorado Derby Building
Wichita, Kansas 67202-1286

SURFACE POND WASTE TRANSFER

Operator Name		License No.	
Operator Address			
Contact Person		Phone Number ()	
Permit Number (API# if applicable)		Lease Name	
Type of Pond: Emergency Pit Burn Pit Treatment Pit Drilling Pit Workover Pit		Pit Location Sec Twp S Rng E/W Ft from N/S Line of Sec. (circle one) Ft from E/W Line of Sec. County	
Type of waste to be disposed: Fluid Mud/Cuttings Amount of waste: No. of loads Barrels Destination of waste: Reserve Pit Disposal Well If waste is transferred to another reserve pit, is the lease active?			
Location of waste disposal: Operator Name License No. Lease Name Sec Twp S Rng E/W Docket No. County			
The undersigned hereby certifies that he is _____ for _____ (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his knowledge and belief.			
Subscribed and sworn to before me on this _____ day of _____, 19____			
_____ Notary Public			
My Commission expires _____			