

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

Check Applicable Boxes:

[] Oil Lease: No. of Wells _____ **

XX [] Gas Lease: No. of Wells 1 **
** 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 Greenwood, Kansas

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 1/01/95

Lease Name Greenwood C-1

- C-SW-NE Sec 15 T33S R42 W/XX

Legal Description of Lease: _____

1980' FNL & 1980' FEL of Section 15

County Morton

Production Zone(s) Topeka

Injection Zone(s) _____

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐ *AK*

Past Operator's License No. 07117 ✓

Past Operator's Name and Address:
Colorado Interstate Gas Company
P.O. Box 1087
Colorado Springs, CO 80944

Title Sr. Geologist

New Operator's License No. 32107 ✓

New Operator's Name and Address
CIG Resources Company
P.O. Box 1087
Colorado Springs, CO 80944

Title C.O.P. Royalty Administrator

Contact Person: Anthony P. Trinko

Phone: (719) 520-4557

Date 6/02/97

Signature Anthony P. Trinko

Contact Person Judith K. Warrick

Phone (719) 473-2300

~~XXX~~ Gas Purchaser CIG Merchant & Aurora Natural Gas

Date 6/2/97

Signature Judith K. Warrick

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer 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.

_____ 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 permitted by # _____

Date _____
Authorized Signature _____

*LOCATION: 15-335-42W

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

WELL STATUS
(PROD/TA'D
ABANDONED)

~~Prod~~

[illegible]

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 indicate which section each unit is located in.