

9.24

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

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 S. MARKET, ROOM 2078
WICHITA, KS. 67202

Effective Date of Transfer January 1, 1995

Check Applicable Boxes:

☐ Oil Lease: No. of Wells O#WELLS **

Lease Name Muir B

☒ Gas Lease: No. of Wells G#WELLS **-

____ - ____ - ____ Sec 10T31R 8 WE

SIDE TWO MUST BE COMPLETED

☐ Saltwater Disposal Well - Docket No _____

Legal Description of Lease N/2 of Sec.

Spot Location _____ feet from N/S Line

_____ feet from E/W Line

☐ Enhanced Recovery Project Docket No. _____

County Harper

Entire Project: Yes/No

Number of injection wells _____ **

Production Zone Mississippi

Field Name Spivey-Grabs

Injection Zone(s) _____

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Past Operator's License No. 6581

Contact Person: Steven C. Anderson

Past Operator's Name and Address:

Phone 316-636-1801

Bison Energy Corporation

9320 E. Central

Wichita, Ks. 67206

Date January 1, 1995

Title Vice President, Production

Signature _____

New Operator's License No. 31532

Contact Person: Steven C. Anderson

New Operator's Name and Address

Phone 316-636-1801

Bison Production Company

9320 E. Central

Wichita, Ks. 67206

Oil/Gas Purchaser Trident/Koch

Date January 1, 1995

Title Vice President, Production

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. 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 # _____

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

Date _____

Authorized Signature

Date _____

Authorized Signature

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 03 1995
CONSERVATION DIVISION
WICHITA, KS

P

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME Muir B		*LOCATION:		TYPE OF WELL WELLSTATUS	
WELL NO	API NO	FOOTAGE FROM SEC. LINE (i.e. FSL = feet from south line)		(Oil/Gas Inj/WSW)	(Prod/TAD Abandoned)
	(YR DRLD/PRE67)		Circle FSL/FNL		
#1B-10	15-077-21,155	2970		Oil/Gas	Producing
#2B-10	15-077-21,165	4220	Circle FSL/FNL	Oil/Gas	Producing

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.