

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 1-1-96

Check Applicable Boxes:

Lease Name Johnson

[X] Oil Lease: No. of Wells 1

13 Sec. T 21 S R 7 W/E

[] Gas Lease: No. of Wells _____

Legal Description of Lease: _____
NE4 NW4

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

County Rice

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

Production Zone(s) Mississippi

Injection Zone(s) _____

Field Name Wherry

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. 5517

Contact Person: Steven Ratzlaff

Past Operator's Name and Address:

Phone: 316-628-4664

Steven Ratzlaff
Rt #2 Box 147
Galva, KS 67443

Date 1-1-96

Title Operator

Signature Steven Ratzlaff

New Operator's License No. 5610

Contact Person Lonny Bruce

New Operator's Name and Address:

Phone 316-241-2938

Bruce Oil Company
1704 Limestone Road
McPherson, KS 67460

Oil/Gas Purchaser N.C.R.A.

Date 1-1-96

Title Managing Partner

Signature Lonny Bruce

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 acknowledgment 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.
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_____ 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 _____

Form T1 10/91