

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 _____ **

[X] 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 _____ **

Effective Date of Transfer 1-1-97

Lease Name Davis #1-14

SW-NE - - - Sec 14 T 34 R 28S W/E

Legal Description of Lease: _____

County Meade

Production Zone(s) Council Grove

Field Name Wildcat

Injection Zone(s) _____

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

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 5652 ✓

Contact Person: Stan Brady

Past Operator's Name and Address:

Phone: 316-267-8011

Mustang Oil & Gas Corporation

100 S. Main, Suite 300

Wichita, KS 67202

Title Vice President

Date 6-4-97

Signature SD Brady

New Operator's License No. 6113 ✓

Contact Person Jeff Wood

New Operator's Name and Address

Phone 316-683-8080

Landmark Energy Exploration, Inc.

1816 N. Rock Road, Suite 205

Wichita, KS 67206

Oil/Gas Purchaser _____

Date 6/12/97

Title President

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 _____

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

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

*LOCATION: SW NE 14-34-28

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.