

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

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION *NIM*
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 _____ **

Field Name Arkalon

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 1/1/98

Lease Name DAVIES 2-12

- C - SE - NE Sec 12 T 34S R 32 (W/E)

Legal Description of Lease: _____

660 from nearest lease line

County Seward

Production Zone(s) Morrow

Injection Zone(s) _____

Feet from N/S Line of Section

Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐ *JS*

Past Operator's License No. 6945

Past Operator's Name and Address:

INCA OIL CORPORATION
101 PARK AVENUE, SUITE 310
OKLAHOMA CITY, OK 73102

Title Ralph Baker, Production Manager

New Operator's License No. 32254

New Operator's Name and Address

LeNORMAN ENERGY CORP.
204 N. ROBINSON, SUITE 1100
OKLAHOMA CITY, OK 73102

Title David D. LeNorman, CEO

Contact Person: Ralph Baker

Phone: 405-232-1419

Date December 23, 1997

Signature Ralph Baker

Contact Person David D. LeNorman

Phone 405-722-6351

Oil/Gas Purchaser Anadarko Energy Service Co.

Date December 23, 1997

Signature David D. LeNorman

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 _____

Date _____
Authorized Signature

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

Date _____
Authorized Signature

FEL/FWI

*When transferring a unit which consists of more than one lease please file a separate side two for each section each well is located.