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

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Check Applicable Boxes:

Effective Date of Transfer 1/1/98

[X] Oil Lease: No. of Wells 3 **

Lease Name Wright

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

__ - __ - __ - NW Sec 13 T 21S R 14 W/Ex

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

[ ] Enhanced Recovery Proj. Docket No _____

County Stafford

Entire project: Yes/No

Number of injection wells _____**

Production Zone(s) _____

Field Name McGintz

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 30905

Contact Person: Ann Shannon Baker

Past Operator's Name and Address:
Broadhurst Corporation

Phone: (918) 584-0661

Date 11/5/98

Title President

Signature Ann Shannon Baker

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New Operator's License No. 6170

Contact Person Ralph Stalcup or Richard Stalcup

New Operator's Name and Address

Globe Operating, Inc.
Box 12
Great Bend, KS 67530

Phone 316 792 7607

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

Date January 21, 1998

Title President

Signature Ralph Stalcup

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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

Form T1 7/94

MUST BE FILED FOR ALL WELLS

***LEASE NAME** Wright ***LOCATION:** NW 13-21S-14W

WELL NO.	API NO. (YR DRLD/PRE '67)*	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)				TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
#1	1971 API No. Unknown	330	Circle FSL/FNL	990	Circle FEL/FWL	Oil	
#3	1982 API No. 15-185 21,586	990	FSL/FNL	990	FEL/FWL	Oil	
#2	1971 API No. 15 185 20,391 (C W½ NE NW)	4620	FSL/FNL	3630	FEL/FWL	Oil	TA
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

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.