

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 \_\_\_\_\_ \*\*

[XX] 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 Lake City NE Ext

Surface Pond Permit # \_\_\_\_\_

(API No. If Drill Pit) \_\_\_\_\_

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 9526

*Exp 4/30/98*

Past Operator's Name and Address:

Dean McLemore

909 N. Cedar

Medicine Lodge, KS 67104

Title \_\_\_\_\_

New Operator's License No. 31938

New Operator's Name and Address

Indian Oil Co., Inc.

P.O. Box 209

Medicine Lodge, KS 67104

Title President

Contact Person: Dean McLemore

Phone: 316-886-5885

Date 1-5-99

Signature Dean McLemore

Contact Person Michael Farrar

Phone 316-886-3763

Oil/Gas Purchaser Barr Energy

Date 1-5-99

Signature [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.  
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\_\_\_\_\_ 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 # \_\_\_\_\_

STATE CORPORATION COMMISSION  
JAN -7 1999  
Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Wichita, Kansas Form T1 7/5

C

MUST BE FILED FOR ALL WELLS

7/94

\*LEASE NAME

Dewitt "A" #1

\*LOCATION:

Sec. 19-31S-13W

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)

"A" #1

15-007-21,924

1650

Circle  
FSL/FNL

2310

Circle  
FEL/FWL

Gas

Shut-In

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

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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.