

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 10 **

☒ Gas Lease: No. of Wells 2 **

** 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 HUGOTON

Effective Date of Transfer 1/1/99

Lease Name HUSTON

_____-_____-_____-Sec 24 T 24 R 32 W/E

Legal Description of Lease: ALL OF SECTION 24

County FINNEY

Production Zone(s) U & L KRIDER

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. 32183 32193 ✓

Contact Person: EDWIN E. HANCE

Past Operator's Name and Address
PIONEER NATURAL RESOURCES USA, INC.
14000 QUAIL SPRINGS PARKWAY, #5000
OKLAHOMA CITY, OKLAHOMA 73134

Phone 972-444-9001

Date 8-2-99

Title OPERATIONS MANAGER MID-CONTINENT DIV.

Signature Edwin E. Hance

New Operator's License No. 04824 ✓

Contact Person: EDWIN E. HANCE

New Operator's Name and Address
PIONEER NATURAL RESOURCES USA, INC.
5205 N. O'CONNOR BLVD., STE 1400
IRVING TX 75039

Phone 972-444-9001

Oil/Gas Purchaser _____

Date 8-2-99

Title OPERATIONS MANAGER MID-CONTINENT DIV.

Signature Edwin E. Hance

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 _____

* LEASE NAME HUSTON

* LOCATION: SECTION 24-24S-32W

[illegible]

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one section please indicate which section each lease covers more than one lease. If a lease covers more than one section 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.