

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 1-20-00

Lease Name DRESSER C

-NE - SW - SW Sec 9 T 31 R 8 (W)

Legal Description of Lease: _____

SW/4

County HARPER

Production Zone(s) MISSISSIPPIAN

Field Name SPIVEY-GRABS

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. 31532

Contact Person: JANNA CALHOUN

Past Operator's Name and Address:

MIDDLE BAY PRODUCTION COMPANY, INC.

9320 EAST CENTRAL

WICHITA, KS 67206

Phone: (713) 821-7107

Date 1-20-00

Title Operations Admin

Signature Janna Calhoun

New Operator's License No. 32576

Contact Person JANNA CALHOUN

New Operator's Name and Address

3TEC ENERGY CORPORATION

777 WALKER, SUITE 2400

HOUSTON, TX 77002

Phone (713) 821-7107

Oil/Gas Purchaser KOCH/WARREN

Date 1-20-00

Title Operations Admin

Signature Janna Calhoun

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record 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 _____

CONSERVATION DIVISION
WICHITA, KS

Authorized Signature

Form T1 7/94

EP&R 4/11/2000 PRO MAY 9 2000 LHC 4-27-00

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME Dresser C	*LOCATION: NE SW SW	9-31S-8W	
WELL NO	FOOTAGE FROM SEC. LINE	TYPE OF WELL	WELL STATUS
API NO	(i.e. FSL= feet from south line)	(Oil/Gas Inj/WSW)	(Prod/TAD Abandoned)
(YR DRLD/PRE'67)			
	Circle	Circle	
	(FSL/FNL)	(FSL/FWL)	
	965	4170	
#1C-9	15-077-21,150		Producing
		Gas/Oil	

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.