

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 _____ **

Field Name SPIVEY-GRABS

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 1-20-00

Lease Name HARTMAN

- c-NW - NE Sec 16 T 30 R 8 W/E

Legal Description of Lease: _____

W/2 NE/4 & E/2 NW/4

County KINGMAN

Production Zone(s) MISSISSIPPIAN

Injection Zone(s) _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

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. 32574

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 KPL

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 # _____ the surface pond permitted by # _____
Recommended action _____

Date _____

Authorized Signature _____

Date _____

Authorized Signature _____

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME Hartman	*LOCATION: C NW NE 16-30S-8W	
WELL NO	FOOTAGE FROM SEC. LINE	TYPE OF WELL WELLSTATUS
API NO	(i.e. FSL= feet from south line)	(Oil/Gas Inj/WSW)
(YR DRLD/PRE'67)		(Prod/TATD Abandoned)
	Circle	
	FSL/FNL	
	4620	
	Circle	
	FEL/FWL	
	1650	
		Gas
		Producing

15-095-20850
8-13-79

#1

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