

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:

[X] Oil Lease: No. of Wells 1 **

[X] 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 _____ **

Effective Date of Transfer 1-20-00

Lease Name STEPHENS A

- c - NW-NW Sec 15 T 31 R 8 WE

Legal Description of Lease: _____

NW/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. 32578

Contact Person JANNA CALHOUN

New Operator's Name and Address
3TEC ENERGY CORPORATION
777 WALKER, SUITE 2400
HOUSTON, TX 77062

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 _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____

Date _____ Authorized Signature _____

Date _____ Authorized Signature _____

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME Stephens A	*LOCATION: NW 15-31S-8W	TYPE OF WELL	WELL STATUS
WELL NO	FOOTAGE FROM SEC. LINE (i.e. FSL= feet from south line)	(Oil/Gas Inj/WSW)	(Prod/TAD Abandoned)
#1A	4-21-65	Circle FSL/FNL 4620	Oil/Gas
#2A	15-077-213160000 ✓	Circle FSL/FNL 1900 FNL	Producing
#3A	15-077-213270000 ✓	Circle FSL/FNL 1650 FNL	Producing
		Circle FSL/FNL 4620	Producing
		Circle FSL/FNL 600 FNL	Producing
		Circle FSL/FNL 2310 FNL	Producing

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.