

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:

Effective Date of Transfer 1-20-00

[] Oil Lease: No. of Wells _____ **

Lease Name VALDIOS A

[x] Gas Lease: No. of Wells 1 **

- c - NE - NW Sec 2 T 31 R 8 (W/E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

SW/4

[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No
Number of injection wells _____ **

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

Date _____

Date _____

Authorized Signature

Authorized Signature

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME	Valdios A	*LOCATION:	C_NE_NW	2-31S-8W	
WELL NO	API NO	FOOTAGE FROM SEC. LINE	TYPE OF WELL WELL STATUS		
	(YR DRLD/PRE'67)	(i.e. FSL = feet from south line)	(Oil/Gas Inj/WSW)		
					(Prod/TAD Abandoned)
		Circle	Circle		
		(FSL/FNL)	(FSL/FNL)		
		1980	3300	Oil/Gas	Producing
#1A	15-077-30151 12-15-66				

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.