

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

9.24.

Effective Date of Transfer 2-1-96

Check Applicable Boxes:

Lease Name HERRINGTON 1A

[] Oil Lease: No. of Wells _____

1 Sec. T 31 S R 18 (W)E

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: _____

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

County COMANCHE

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

Production Zone(s) _____

Injection Zone(s) _____

Field Name AOK

Surface Pond Permit # _____

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

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 05152 Contact Person: Lee Banks

Past Operator's Name and Address:
Lee Banks d/b/a Banks Oil Co.
200 W. Douglas, Suite 550
Wichita, Ks 67202

Phone: 316-267-0783

Date 3/27/96

Title owner

Signature [Signature]

New Operator's License No. 3959 ✓

Contact Person BREAN SEROKY

New Operator's Name and Address

Phone 316-672-5713

SEROKY OIL MANAGEMENT
PO Box 464
PRATT KS 67124

Oil/Gas Purchaser KGJ

Date 3-20-96

Title PRESIDENT

Signature [Signature]

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 _____

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

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____