

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

Effective Date of Transfer 2-1-96

Check Applicable Boxes:

Lease Name KANE E.

[X] Oil Lease: No. of Wells 1

7 Sec. T 30 S R 18 (W/E)

[] Gas Lease: No. of Wells _____

Legal Description of Lease: SW 1/4
Sec. 7 30S 18W

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

County KIOWA

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

Production Zone(s) Margaton

Injection Zone(s) _____

Field Name Alford

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. 31383

Contact Person: Glen E. Grey

Past Operator's Name and Address:

Phone: 723-3143

Glen E. of Linda Grey
Rt. 2 Box 69 HAVICAND, KS
67059

Date 1-1-96

Title Operator

Signature Glen E. Grey

New Operator's License No. 30839

Contact Person Don S. Grey

New Operator's Name and Address

Phone 316-895-6541

Grey Oil Co.
10195 NW 110th Ave
Pratt, KS. 67124

Oil/Gas Purchaser COMCO

Date 1-1-96

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