

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 _____ **

Effective Date of Transfer 2-1-97

Lease Name Messenger

_____-_____-_____- Sec 16 T 30 R 8 W/E

Legal Description of Lease: _____

SE/4 Sec 16-30S-8W

County Kingman

Production Zone(s) Mississippi

Field Name Spivey Grabs Injection Zone(s) _____

Surface Pond Permit # _____ Feet from N/S Line of Section
(API No. If Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 9646 Contact Person: Carl L. Weatherford

Past Operator's Name and Address: Green Operating Co., Inc.
5800 Skelly Dr. Ste 650
Tulsa, OK 74135-6443
Phone: 918-663-9449
Date 1-31-97

Title Production Manager Signature (See attached old form)

New Operator's License No. 05429 Contact Person Bryce F. Hayes

New Operator's Name and Address Phone 316-254-7204

Bryce F. Hayes Oil & Gas
P.O. Box 108
Attica, KS 67009-0108

Oil/Gas Purchaser _____

Date effective 1-1-97 closed purchase 1-31-97

Title Owner/Operator Signature Bryce F. Hayes

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 _____

Date _____
Authorized Signature _____

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

Date _____
Authorized Signature _____

***LOCATION:** SE/4 Sec 16-30S-8W

API NO.
(YR DRLD/PRE '67) *

TYPE OF WELL
(OIL/GAS)

(OIL/GAS
INJ/WSW)

circle **circle**
EST./ENT. FET./FMT.

Producer

[illegible]

THIS SHEET MAY BE ATTACHED IF NECESSARY

ists of more than one lease please file a separate side two for each lease. If the lease is located in an area with no section indicator please indicate which section each well is located in.