

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 *P09322*
WICHITA, KANSAS 67202

Check Applicable Boxes:

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

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

** 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 _____ **

Field Name SHAY

Surface Pond Permit # _____
(API No. If Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐

Past Operator's License No. 4173 ✓

Past Operator's Name and Address:
COL-KAN DEVELOPMENT INC.
P.O. BOX 89
RUSSELL, KS 67665

Title PRESIDENT

New Operator's License No. 3122 ✓

New Operator's Name and Address
VINTAGE PETROLEUM, INC.
4200 One Williams Center
Tulsa, OK 74172

Title Regulatory Specialist

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 _____

Effective Date of Transfer 2-1-97

Lease Name SHARP #8-5

NW-SW-NW- Sec 8 T 17S R 29 W/E

Legal Description of Lease: _____

County LANE

Production Zone(s) _____

Injection Zone(s) _____

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐ *dy*

Contact Person: TIM MAHONEY

Phone: 913-483-2791

Date _____

Signature _____

Contact Person Cheryl Swan

Phone (918) 592-0101

Oil/Gas Purchaser _____

Date February 11, 1997

Signature Cheryl Swan

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

Date _____
Authorized Signature _____

MUST BE FILED FOR ALL WELLS

*LOCATION: NW SW NW 8-17S-29W LANE CO

*LEASE NAME

SHARP

WELL NO.

API NO.

(YR DRLD/PRE '67)

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/WSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

8-5

101-21281

Circle
FSL/FNL

Circle
FEL/FWL

OIL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

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FEL/FWL

FSL/FNL

FEL/FWL

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.