

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 4

[] 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 **

Effective Date of Transfer 2-1-98

Lease Name NEWBERRY 'A'

 - - Sec 34 T 31 R 09 W/E

Legal Description of Lease:

County HARPER

Production Zone(s) Miss

Field Name

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. 5775

Contact Person: JOHN M. KELLEY

Past Operator's Name and Address:

E.H. WOOD JR (BUS)
200 E 1ST STE 301
WICHITA KS 67202

Phone: 316-262-3413 316-721-2401

Date 2-17-98

Signature Mrs E.H. Wood Jr

Title OWNER-OPERATOR

New Operator's License No. 30602

Contact Person JOHN M. KELLEY

New Operator's Name and Address

JOHN M. KELLEY
200 E. 1ST STE 301
WICHITA KS 67202

Phone 316-262-3413 316-721-2401

Oil/Gas Purchaser KOCH / WARREN NGL

Date 2-1-98

Title OWNER-OPERATOR

Signature [Signature] 2-17-98

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

