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:

RECEIVED
KANSAS CORPORATION COMMISSION
APR 24 1998
CONSERVATION DIVISION
WICHITA, KS

Effective Date of Transfer 2-1-98

[✓] Oil Lease: No. of Wells 2 **

Lease Name WASHBON

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

__-__-__-__ Sec 30 T 31 R 08 (W) E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[ ] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

NW/4 ¼ SW/4

[ ] Enhanced Recovery Proj. Docket No _____

Entire project: Yes/No

Number of injection wells _____ **

County HARPER

Production Zone(s) MISS.

Field Name SPIVEY GRABS

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 ☐ ✓

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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

Title OWNER - OPERATOR

Signature Mrs E H Wood Jr

****

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 N6L

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 _____

Date _____ _____
Authorized Signature

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

Date _____ _____
Authorized Signature

Form T1 7/94

EOR

MUST BE FILED FOR ALL WELLS

*LEASE NAME ____________________ *LOCATION: ________________

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)
			Circle		Circle		
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	FEL/FWL	__________	__________
______	______________	______	FSL/FNL	______	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.

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

***LEASE NAME** WASHBON

***LOCATION:** HARPER CO KS

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)
1	15-077-20358 NW SW NW 30-31-8W	1650 ~~840'~~	Circle FSL/FNL	330'	Circle FEL/FWL	OIL	PRODUCING
2	15-077-20780 NW NW SW 30-31-8W	2100 ~~540'~~	FSL/FNL	375'	FEL/FWL	"	"
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

RECEIVED
KANSAS CORPORATION COMMISSION
APR 24 1998
CONSERVATION DIVISION
STATE CORPORATION COMMISSION
Wichita, Kansas

FEB 19 1999
CONSERVATION DIVISION
Wichita, Kansas

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*When transferring a unit which consists of more than one lease please file a separate side two for