

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 \_\_\_\_\_ \*\*

Field Name PERRY RANCH

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 2-1-99

Lease Name Rusk C

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec 6 T 32 R 15 W/E

Legal Description of Lease: CENTER SW4

NW 4 NE 4

County BARBER

Production Zone(s) MISSISSIPPI

Injection Zone(s) \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Feet from N/S Line of Section  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐

\*\*\*\*\*

Past Operator's License No. 6707 Contact Person: ERUIN WALKER

Past Operator's Name and Address: Phone: 316 739 4759

ERUIN WALKER  
140 BOB WHITE DRIVE 99 SPRINGS Date 2-15-99

MEDICINE LODGE KANSAS Signature Ervin D. Walker  
Title OPERATOR

\*\*\*\*\*

New Operator's License No. 30991 Contact Person DALE WALKER

New Operator's Name and Address Phone 316 886 3951

BRED CEDAR OIL  
P O Box 221 Oil/Gas Purchaser NCRA / WESTERN RESOURCES

MEDICINE LODGE KAN 67104 Date 2-15-99

Title OPERATOR Signature Dale Walker

\*\*\*\*\*  
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 \_\_\_\_\_

RESTORE

API NO.  
(YR DRLD/PRE '67)

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

WELL STATUS  
(PROD/TA'D  
ABANDONED)

15 007-20662

990

Circle  
FSL/FNL

2310

**circle**  
**FEEL/FWL**

GAS

Prod[illegible]

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