

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 ☐ Storage Pit ☐ Drill Pit ☐

Effective Date of Transfer 2-1-99

Lease Name SCHUETTE

_____ Sec 6 T 32S R 15 W 4

Legal Description of Lease: NW 4

County BARBER

Production Zone(s) MISSISSIPPI

Injection Zone(s) _____

Feet from N/S Line of Section
Feet from E/W Line of Section

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

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

Ervin Walker
140 Bobwhite Dr 99 Springs
Medicine Lodge KS 67104
Title OPERATOR Date 2-15-99

Signature Ervin D. Walker

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

New Operator's Name and Address Phone 316 886 3951

RED CEDAR OIL
PO Box 221
MEDICINE LODGE KAN 67104
Oil/Gas Purchaser NCRA / KGS

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 _____

SCHUETTE

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

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

WELL STATUS
(PROD/TA'D
ABANDONED)

15-007-20591

circle circle
FSL/FNL FEL/FNL
1650 370

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 each lease. If a lease covers more than one location please file a separate side two for each location.