

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:

Effective Date of Transfer 2-13-98

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

Lease Name Gillig

[x] Gas Lease: No. of Wells 1 **

W/2 - - - - Sec 24 T 17 SR 17 (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

W/2 Sec. 24 - 17 S - 17 W

[] Enhanced Recovery Proj. Docket No. _____

County Rush

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Topeka

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. 03456

Contact Person: Terry W. Piesker

Past Operator's Name and Address:

AFG Energy Inc.

P.O. Box 458

Hays, Ks. 67601-0458

Phone: (785) 625-6374

Date 2-13-98

Title Production Manager

Signature Terry W. Piesker

New Operator's License No. 32278

Contact Person Terry W. Piesker

New Operator's Name and Address

Tengasco, Inc.

P.O. Box 458

Hays, Ks. 67601-0458

Phone (785) 625-6374

Oil/Gas Purchaser KN Energy

Date 2-13-98

Title Production Manager

Signature Terry W. Piesker

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 # _____. Recommended action _____

Date _____

Authorized Signature

Date _____

Authorized Signature

Form T1 7/94

EPR

*LEASE NAME Gillig

*LOCATION: W/2 Sec. 24- 17 S - 17 W

[illegible]

*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.