

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

Check Applicable Boxes:

☐ Oil Lease: No. of Wells _____ **

☒ 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 Project Docket No. _____

Entire Project: Yes/No

Number of injection wells _____ **

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 S. MARKET, ROOM 2078
WICHITA, KS. 67202

Effective Date of Transfer 2-15-1998

Lease Name ELLIOTT

C - SW - NW Sec 19 T30 R 9 W/E

Legal Description of Lease: _____

NE/4 & SW/4 Sec. 19-31S-9W

County Kingman

Production Zone(s) Mississippian

Field Name Spivey-Grabs

Injection Zone(s) _____

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐

Storage Pit ☐

Past Operator's License No. 31532

Past Operator's Name and Address:

Bison Production Company

9320 E. Central

Wichita, KS 67206

Title Vice President, Production

Contact Person: Steven C. Anderson

Phone 316-636-1801

Date April 17, 1998

Signature _____

New Operator's License No. 31532

New Operator's Name and Address

Middle Bay Production Company, Inc.

9320 E. Central

Wichita, KS 67206

Contact Person: Steven C. Anderson

Phone 316-636-1801

Oil/Gas Purchaser Koch/Warren

Date April 17, 1998

Signature _____

Title Vice President, Production

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. 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 # _____

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

Date _____

Authorized Signature

Date _____

Authorized Signature

RECEIVED
KANSAS CORP COM
APR 22 1998

4-22-98

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME Elliott
WELL NO API NO
(YR DRLLD/PRE'67)

*LOCATION: C SW NW 19-30S-9W
FOOTAGE FROM SEC. LINE
(i.e. FSL = feet from south line)

TYPE OF WELL
(Oil/Gas Inj/WSW)

WELL STATUS
(Prod/TAD
Abandoned)

Circle
(FSL/FNL)
3300

Circle
(FSL/FWL)
4620

15,095-20534

Gas

TA

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.