

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 Griem

SE SW NW Sec 12 T30 R 9 W

Legal Description of Lease: _____
NW/4

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

New Operator's License No. 31532

New Operator's Name and Address:

Middle Bay Production Company, Inc.

9320 E. Central

Wichita, KS 67206

Title Vice President, Production

Contact Person: Steven C. Anderson

Phone 316-636-1801

Date April 17, 1998

Signature _____

Contact Person: Steven C. Anderson

Phone 316-636-1801

Oil/Gas Purchaser Koch/Warren

Date April 17, 1998

Signature _____

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

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME	GRIEM	*LOCATION: SE SW NW 12-30S-9W	TYPE OF WELL		WELL STATUS
WELL NO	API NO	FOOTAGE FROM SEC. LINE	(i.e. FSL= feet from south line)	(Oil/Gas Inj/WSW)	(Prod/TAD Abandoned)
1	15-095-217170000	2310	Circle FSL/FNL	Gas	Producing

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.