

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

STATE CORPORATION COMMISSION
CONSERVATION DIVISION

130 S. MARKET, ROOM 2078
WICHITA, KS. 67202

Effective Date of Transfer 2-15-1998

Check Applicable Boxes:

☐ Oil Lease: No. of Wells _____ **

Lease Name Messenger

☒ Gas Lease: No. of Wells 1 **

- NW - NW - SE Sec 18 T30 R 8 W

SIDE TWO MUST BE COMPLETED

☐ Saltwater Disposal Well - Docket No. _____

Legal Description of Lease: SE/4

Spot Location _____ feet from N/S Line
_____ feet from E/W Line

☐ Enhanced Recovery Project Docket No. _____

County Kingman

Entire Project: Yes/No

Number of injection wells _____ **

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

Contact Person: Steven C. Anderson

Phone 316-636-1801

Date April 17, 1998

Title Vice President, Production

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 Warren

Date April 17, 1998

Title Vice President, Production

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 Messenger	*LOCATION: NW NW SE 18-30S-8W	
WELL NO	API NO	TYPE OF WELL WELLSTATUS
(YR DRLD/PRE67)	FOOTAGE FROM SEC. LINE	(Oil/Gas Inj/WSW)
	(i.e. FSL = feet from south line)	(Prod/TAD
		Abandoned)
#1	Circle FSL/FNL	Circle FHD/FWL
15-095-20,731	2310	2310
	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.