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

RECEIVED
KANSAS CORP COMM
2000 MAR -6 P 1:48

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Check Applicable Boxes:

[✓] Oil Lease: No. of Wells 2 **

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

** 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 Wherry

_____ Effective Date of Transfer

Lease Name Ponce

__ - __ - N/2 - NE/4 Sec 28 T 21 R 7 (W)/E

Legal Description of Lease: _____

County Rice

Production Zone(s) Miss. 3377

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 9132

Past Operator's Name and Address:
Milton LACKEY
382 1st. Ave.
Inman KS. 67546

Title Owner Operator

Contact Person: Donna LACKEY

Phone: 316-585-2119

Date 2-29-00

Signature Donna Lackey

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New Operator's License No. 32559

New Operator's Name and Address
~~Ma + Me~~ MaMc Oil & Gas
Box 41
Chase KS 67524

Title Owner Operator

Contact Person Joe Maes

Phone 316-972-3410

Oil/Gas Purchaser Equiva Trading

Date 2/24/00

Signature Joe Maes

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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

Form T1 7/94

MUST BE FILED FOR ALL WELLS

SIDE 2

T1 7/94

*LEASE NAME Ponce *LOCATION 28-21s-7w

WELL NO.	APII NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
#1		660 Circle FSL/FNL 660 Circle FEL/FWL	Oil	Prod.
#2		990 Circle FSL/FNL 990 Circle FEL/FWL	Oil	Prod
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		

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.**