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

3/17/00 LIC# 32610 P

Check Applicable Boxes:

Effective Date of Transfer 3-1-00

[X] Oil Lease: No. of Wells 1 **

Lease Name MCCUNE "B"

[ ] Gas Lease: No. of Wells _____ **
** SIDE TWO MUST BE COMPLETED **

__-__-__-__ Sec 35 T 22S R 12 W/E

Legal Description of Lease: NE/4

[ ] 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 _____ **

County STAFFORD

Production Zone(s) LKC

Field Name PLEASANT GROVE

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. 31888

Contact Person: BENNIE GRIFFIN

Past Operator's Name and Address:

C & J PUMPING, INC.
P O BOX 158, SYLVIA, KS. 67581

Phone: (316) 234-6189

Date 3-14-00

Title AGENT

Signature _____

New Operator's License No. 32610

Contact Person BENNIE L. (J. R.) GRIFFIN

New Operator's Name and Address
GT PETROLEUM
R R 2, Box 32
STAFFORD, KS. 67578

Phone (316) 234-6189

Oil/Gas Purchaser NCRA

Date 3-14-00

Title PRESIDENT

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 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

EP&R 4/27/2000 PROD MAY 9 2000

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME McCune B

*LOCATION: NE¼ Sec 35 ~~TWP~~ T22S -R12W

WELL NO.	API 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)
B-1	15-185-22,391	330'	Circle FSL/(FNL)	990'	Circle (FEL)/FWL	Oil	TA
			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		
			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