

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

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KANSAS 67202

Check Applicable Boxes:

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

[X] Gas Lease: No. of Wells 1 **
** SIDE TWO MUST BE COMPLETED**

[] Gas Lease: No. of Wells _____

[] 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 _____

Field Name Hugoton

Surface Pond Permit # _____
(API NO. if Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 5861 Contact Person: CAROL DUMLER

Past Operator's Name and Address: _____ Phone: 316-685-1616
Robert F. White
2420 N. Woodlawn, Bldg 100, Suite H
Wichita, Ks. 67220

Title Agent Signature Carol Dumlér

New Operator's License No. 8061 ✓ Contact Person JOHN S. WEIR
New Operator's Name and Address _____ Phone 316-681-0231
Oil Producers, Inc. of Kansas
PO. Box 8647
Wichita, Ks. 67208

Oil/Gas Purchaser Evon Gas Processing

Date 3/30/96 Signature John S. Weir

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 _____

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

Date _____
Authorized Signature

Date _____
Authorized Signature

Effective Date of Transfer 3/1/96

Lease Name Covel Trust
5/2 Sec. 24 T 31 S. R 32 W/E
Sec. _____ T _____ S. R _____ W/E

Legal Description of Leases: _____

County SEWARD

Production Zone(s) Krider

Injection Zone(s) _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

RECEIVED
KANSAS CORP COMM
1996 APR 15 A 8:54

MUST BE FILED FOR ALL WELLS

***LEASE NAME**

WELL NO.	API NO.	(YR DRLLD/PRE '67) *
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
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58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
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91	92	93
94	95	96
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361	362	363
364	365	366

***LOCATION:** _____

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/WSW)

**WELL STATUS
(PROD/TA'D
ABANDONED)**

Circle FSL/FNL _____
Circle FEL/FWL _____

FSL/FNL	FEL/FWL
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
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97	97
98	98
99	99
100	100

FSL/FNL FEL/FWL

FSL/FNL FEL/FWL

FSL/FNL	FEL/FWL

FSL/FNL	FEL/FWL
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FSL/FNL _____ FEL/FWL _____

FSL/FNL _____ FEL/FWL _____

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FSL/FNL _____ FEL/FWL _____

FSL/FNL _____ FEL/FWL _____

FSL/FNL _____ FEL/FWL _____

FSL/FNL _____ FEL/FWL _____

FSL/FNL	FEL/FWL
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FSL/FNL

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.