

TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes:

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

[X] 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 Proj. Docket No. _____
Entire project: Yes/No _____
Number of injection wells _____ **

Field Name Big Sand Creek

Surface Pond Permit # _____
(API No. If Drill Pit) _____

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 3-1-99

Lease Name Eubank 16-C

_____ Sec 16 T 34 R 23 W/E

Legal Description of Lease: SE 1/4 Sec. 9

NE 1/4 Sec. 16-T34S-R23W

County Clark

Production Zone(s) Chester

Injection Zone(s) _____

Feet from N/S Line of Section

Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 31841

Contact Person: Bob Barton

Past Operator's Name and Address:

Phone: (580)983-2468

V Cross Oil Co.
Rt. 1 Box 11
Crawford, OK 73638
Title President

Date 3/2/99

Signature Bob Barton

New Operator's License No. 30293

Contact Person Wallace G. McKinney

New Operator's Name and Address

Phone (316)669-9996

Red Hills Resources, Inc.
600 Adair Circle
Hutchison, KS 67502

Oil/Gas Purchaser Clarco

Date 3/2/99

Title President

Signature Wallace G. McKinney

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization surface pond permit # _____ has been noted, approved and duly recorded in the record 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 _____

MUST BE FILED FOR ALL WELLS

*LEASE NAME Eubank 16-C

*LOCATION: Sec. 16-34S-23W

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)

15-025-20-884 /

2970
1680

Circle

FSL/FNL

2850

Circle

FEL/FWL

Gas

Producing

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

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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.