

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, KS 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

Spot Location: _____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

Entire Project: _____

Number of injection wells _____ **

Effective Date of Transfer 3/11/98

Lease Name Fairleigh

C SE _____ Sec 8 T 21S R 32W

Legal Description of Lease: _____

County Finney

Production Zone(s) Krider

Injection Zone(s) _____

Field Name Kansas-Hugoton

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. 3871

Contact Person Frank E. Jordan

Past Operator's Name and Address

Phone 405-848-8000

Hugoton Energy Corporation**

**By Chesapeake Operating Inc. as successor by merger

301 N. Main Street, Suite 1900

Wichita, KS 67202

Date 07/16/98

Signature _____

Contact Person Frank E. Jordan

Phone 405-848-8000

Oil / Gas Purchaser Cibola Energy Services

Date 07/16/98

Signature _____

Title Vice President of Operations

New Operator's License No. 32334

New Operator's Name and Address

Chesapeake Operating Inc.

P.O. Box 18496

Oklahoma City, OK 73154

Title Vice President of Operations

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 _____

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

* LEASE NAME	Fairleigh
* LOCATION:	CSE 8 21S 32W

*** LOCATION: CSE 8 21S 32W**

[illegible]

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.**