

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 \_\_\_\_\_ \*\*

Field Name Kansas-Hugoton

Surface Pond Permit # \_\_\_\_\_

(API No. If Drill Pit) \_\_\_\_\_

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 07/13/98

Title Vice President of Operations

Signature Frank E. Jordan

New Operator's License No. 32334

Contact Person Frank E. Jordan

New Operator's Name and Address

Phone 405-848-8000

Chesapeake Operating Inc.

P.O. Box 18496

Oklahoma City, OK 73154

Oil / Gas Purchaser Cibola Energy Services

Date 07/13/98

Title Vice President of Operations

Signature Frank E. Jordan

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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 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

EPR

* LEASE NAME	* LOCATION:
Kells	CNW 29 27S 33W

[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.