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

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KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KS 67202

KDOR: 219554

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 Bradshaw

Effective Date of Transfer 3/11/98

Lease Name Maxfield

NW SE SE Sec 7 T 21S R 40W

Legal Description of Lease: _____

County Hamilton

Production Zone(s) Chase

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 3871

Past Operator's Name and Address

Hugoton Energy Corporation**
**By Chesapeake Operating Inc. as successor by merger
301 N. Main Street, Suite 1900
Wichita, KS 67202

Title Vice President of Operations

Contact Person Frank E. Jordan

Phone 405-848-8000

Date 07/13/98

Signature Frank E. Jordan

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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

Contact Person Frank E. Jordan

Phone 405-848-8000

Oil / Gas Purchaser Cibola Energy Services

Date 07/13/98

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

MUST BE FILED FOR ALL WELLS

* LEASE NAME Maxfield

* LOCATION: NW SE SE 7 21S 40W

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/WSE)	WELL STATUS (PROD/TA'D ABANDONED)
2-7	15-075-20542	1277 FSL	1363 FEL	gas	Prod
		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		
		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.