

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:

Effective Date of Transfer 3/11/98

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

Lease Name McClain A

[X] Gas Lease: No. of Wells 1 **

SE NW SW Sec 33 T 33S R 42W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[] 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 _____ **

County Morton

Production Zone(s) Morrow

Field Name Taloga North

Injection Zone(s) _____

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 07/13/98

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 NGTS LLC / NCRA

Date 07/13/98

Title Vice President of Operations

Signature Frank E. Jordan

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

* LOCATION: SE NW SW 33 33S 42W

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.