

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, KANSAS 67202

Check Applicable Boxes:

April 1, 2000 Effective Date of Transfer

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

Lease Name STOOPS 1-18

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

Sec 25 18 T 32S R 42 (W/E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: W/2 Sec 7&

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line W/2 Sec 18-32S-42W

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

County MORTON

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) TOPEKA (3044-3160')

Field Name GREENWOOD

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. 9953

Contact Person: KATHLEEN COWAN

Past Operator's Name and Address:

HARRIS OIL AND GAS COMPANY

1125 SEVENTEENTH STREET, SUITE 2290

DENVER, COLORADO 80202

Title VICE PRESIDENT

Phone: (303) 293-8838

Date 3/31/2000

Signature Kathleen Cowan VP

New Operator's License No. 5337

Contact Person STEPHEN J. HEYMAN

New Operator's Name and Address

Phone (918) 583-3333

NADEL AND GUSSMAN, L.L.C.

3200 FIRST PLACE TOWER

SUITE 3200

TULSA, OKLAHOMA 74103

Oil/Gas Purchaser CIG MERCHANT COMPANY

Date 3/31/2000

Signature Stephen J. Heyman

Title MANAGER

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

T1 7/94

*LEASE NAME	STOOPS 1-18	
*LOCATION	MORTON COUNTY	

WELL NO.	APII NO.	(YR DRLD/PRE '67)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
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1-18

15-129-10094

Circle 1320 Circle 3960
FSL/FNL FEL/FWL

Circle

GAS

**WELL STATUS
(PROD/TA'D
ABANDONED)**

PROD

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.**