

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

SKP

KCC CONSERVATION OFFICE
WICHITA STATE OFFICE BUILDING
130 S. MARKET, ROOM 2078
WICHITA, KS 67202

Effective Date of Transfer 4/1/95
Lease Name Hayes
13 Sec. T 25 S R 9 W
Legal Description of Lease:
Nw/4 of 13-25-9w

County Reno

Production Zone (s): Mississippian
Injection Zone (s): _____

Check Applicable Boxes:

X Oil Lease: No. of Wells 1
Gas Lease: No. of Wells _____
Saltwater Disposal Well - Docket No. _____
Spot Location: 660 feet from N Line
1980 feet from W Line
Enhanced Recovery Project Docket No. _____
Entire Project: _____
Number of injection wells _____
Field Name Langdon East

Surface Pond Permit # _____

_____ Feet from _____ Line of Section
_____ Feet from _____ Line of Section

Identify Emergency Pit ☐ Burn Pit: ☐

Storage Pit: ☐

List API #'s on ALL post-1967 wells transferred with lease: 155-21,252

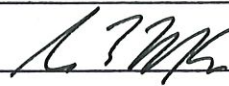
Past Operator's License No. 5142

Contact Person: Steve McClain

Past Operator's Name and Address:
Sterling Drilling Co. Inc.
P.O. Box 1006
Pratt, Kansas 67124
Title: President

Phone: (316) 672-9508

Date: 4/20/95

Signature: 

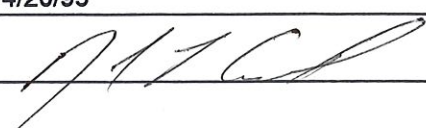
New Operator's License No. 3911

Contact Person: Robin L. Austin

New Operator's Name and Address:
Rama Operating Co. Inc.
P.O. Box 159
Stafford, Kansas 67578
Title: Vice-President

Phone: (316) 234-5191

Date: 4/20/95

Signature: 

ACKNOWLEDGMENT OF TRANSFER:

The above request for transfer of injection authorization,

surface pond permit # _____

of the Kansas Corporation Commission. This acknowledgment 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 _____

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