

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

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

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 1 **

☐ Gas Lease: No. of Wells _____ **

** SIDE TWO MUST BE COMPLETED **

☐ Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

☐ Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No
Number of injection wells _____ **

Effective Date of Transfer 4/1/95

Lease Name WALTERS

____ - ____ - ____ Sec 34 T 20 R 12 W SE

Legal Description of Lease: _____

S/2 S/2 NW/4

County Barton

Production Zone(s) Arbuckle

Field Name Chase-Silica

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. 30677 Contact Person: Loren Haddon

Past operator's name and address: _____
Phone: (316) 793-7223

Lone Wolf Inc.
RR 2, Box 109A
Ellinwood, KS 67526

Title President ☒ Signature Loren Haddon

New Operator's License No. 4424 Contact Person George Saling

New Operator's Name and Address Phone 316-257-5529

Smokey Valley Resources
1325 US Hwy 56
Lyons, KS 67554

Oil/Gas Purchaser Clear Creek

Date May 15, 1995

Title Owner/Operator Signature _____

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 _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____

Date _____ Authorized Signature _____

Date _____ Authorized Signature _____

***LOCATION:** _____

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/WSW)

circle
FSL/FNL _____

FSL/FNL _____ FEL/FWL _____

FSL/FNL FEL/FWL

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FSL/FNL _____ FEL/FWL _____

FSL/FNL FEL/FWL

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FSL/FNL FEL/FWL

FSL/FNL

FSL/FNL FEL/FWL

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FSL/FNL FEL/FWL

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FSL/FNL, FEL/FWL,

FSL/FNL
FEL/FWL

*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.