J.H.

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

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

****

Check Applicable Boxes:

Effective Date of Transfer April 1, 199

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

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

** SIDE TWO MUST BE COMPLETED **

Lease Name Eubank 9-B

__-__-__-__ **Sec** 9 **T** 34 **R** 23 **W**XX

Legal Description of Lease: SW/4 Sec. 9 NW/4 Sec. 16-34S-23W

[ ] **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 _____**

County Clark

Production Zone(s) Chester

Field Name Big Sand Creek

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. 31545

Contact Person: Gary Foster

Past Operator's Name and Address:
Blackjack Oil & Gas, Inc.
P. O. Box 5127
Enid, OK 73702

Phone: (405)237-0117

Date April 2, 1996

Title President

Signature Gary Foster

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New Operator's License No. 31841

Contact Person Bob Barton

New Operator's Name and Address
V Cross Oil Co.
Rt. 1 Box 11
Crawford, OK 73638

Phone (405)983-2468

Oil/Gas Purchaser Clarco

Date April 2, 1996

Title President

Signature Bob Barton

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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** Eubank 9-B

***LOCATION:** Sec. 9-34S-23W

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/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
			Circle		Circle		
1	15-025-20812	180	(FSL)/FNL	330	FEL/(FWL)	Gas	Producing
			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.