

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:

Effective Date of Transfer 4/1/96

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

Lease Name MGT

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

____ - ____ - ____ Sec 8 T 21 R 13 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: NE/4

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

County Stafford

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

Production Zone(s) KC-Arb.

Field Name _____

Injection Zone(s) _____

Surface Pond Permit # _____ Feet from N/S Line of Section
(API No. If Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 6761

Contact Person: Jim Perry

Past operator's name and address:

Perry Petroleum

Phone: (316) 662-4401

P.O. Box 580

Hutchinson, KS 67504-0580

✓ Date 4-9-96

Title President

✓ Signature James J. Perry

New Operator's License No. 30886 ✓

Contact Person John Thomas

New Operator's Name and Address

Phone (316) 938-2411

Vamco Operations

Oil/Gas Purchaser Texaco

RR. 1, Box 33

Chase, KS 67524

Date May 3, 1996

Title Owner

Signature Donna Thomas

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 _____

MUST BE FILED FOR ALL WELLS

*LEASE NAME

***LOCATION:**

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 FSL/FNL	Circle 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

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.