

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

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

LOT 74

Effective Date of Transfer 4-1-96

Check Applicable Boxes:

Lease Name MYERS 1-29

[] Oil Lease: No. of Wells _____

29 Sec. T 32 S R 40W W/E

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: SE1/4

[] Saltwater Disposal Well - Docket No. _____

County MORTON

Spot Location: _____ feet from N/S Line

Production Zone(s) Upper Morrow

[] Enhanced Recovery Project Docket No. _____

Injection Zone(s) _____

Entire project: Yes/No _____

Surface Pond Permit # _____

Number of injection wells _____

Field Name STIRUP

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 3680

Contact Person: CHARLES D. WILLIAMS

Past Operator's Name and Address:

Phone: (303) 790-8340

L. B. INDUSTRIES, INC.
12200 E. BRIARWOOD AVE., STE 250
ENGLEWOOD, CO 80112

Date 3-20-96

Title VICE PRESIDENT

Signature Charles D. Williams

New Operator's License No. 05343

Contact Person Van F. Griffing

New Operator's Name and Address

Phone 316-265-3311

Beverco, Inc.
970 Fourth Financial Center
Wichita, KS 67202

Oil/Gas Purchaser GAS

Date 3/20/96

Title President

Signature Van F. Griffing

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