

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 4/1/97

[X] Oil Lease: No. of Wells 2 **

Lease Name Sharp B

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

- S $\frac{1}{2}$ - NE - Sec 3 T 21S R 13 W W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

Lots 1, 2, S/2 NE/4

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

County Stafford

Production Zone(s) _____

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. 6170 Contact Person: Ralph Stalcup or Richard Stalcup

Past Operator's Name and Address: Phone: 316 792 7607

Globe Operating, Inc.

Box 12

Great Bend, KS 67530

Title President Signature Ralph Stalcup

New Operator's License No. 31199 Contact Person Don or Rosie Joiner

New Operator's Name and Address Phone 316-564-2759 or daytime 316-564-3281

D. J. Oil Operations

305 East 6th Street

Ellinwood, KS 67526

Oil/Gas Purchaser NCRA

Date 4/11/97

Title coowner Signature Rosie Joiner

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

Form T1 7/94

*LOCATION:

API NO.
(YR DRLD/PRE '67) *

TYPE OF WELL
(OIL/GAS
INJ/MSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

[illegible]

*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.