

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 WILLINGER "B"

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

- - - Sec 12 T 22S R 12 W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[X] Saltwater Disposal Well - Docket No. D-21-258

Spot Location: _____ feet from N/S Line

SW/4 SE/4 & E/2 NW/4 SE/4

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

County Stafford

Entire Project: Yes/No

Production Zone(s) Arbuckle

Number of Injection Wells _____ **

Field Name Max

Injection Zone(s) _____ *em*

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 _____ *LS*

✓ Past Operator's License No. 6988 ✓

Contact Person: Dale Ohl

Past Operator's name and address:

Phone: (316) 663-6622

Smith Oil Operations

✓ Date: 3/31/97

P. O. Box 550

Hutchinson, KS 67504-0550

Title CONTROLLER

✓ Signature: Dale R. Ohl

New Operator's License No. 31995 ✓

Contact Person: Charles Griffin

New Operator's Name and Address:

Phone: (773) 404-6716

Charles Griffin

Oil/Gas Purchaser N.C.R.A.

2263 N. Janssen

Chicago, IL 60614

Date: _____

Title _____

Signature: Charles Griffin

ACKNOWLEDGMENT 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 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 # _____

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

Recommended action _____

Date _____

Date _____

Authorized Signature

Authorized Signature

Form T1 7/94

* LOCATION: SE/4 see 12-T225-R1200

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

WELL STATUS
(PROD/TAD
ABANDONED)

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.