

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

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 SOUTH MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes

Effective Date Of Transfer 4/01/99

[X] Oil Lease: No. of Wells 1

Lease Name Carrick AR

[] Gas Lease: No. of Wells _____

_____-SW-NE-NE Sec 28-T30S-R8W

[] Saltwater Disposal Well

Legal Description of Lease NE/4 Section 28

Docket Number _____

Spot Location: _____ feet from N/S Line

County Kingman

_____ feet from E/W Line

Production Zones Mississippi Chat

[] Enhanced Recovery Proj.

Docket Number _____

Entire Project: YES/NO

Injection Zones _____

Number of Injection Wells _____

Field Name Spivey Grabs

Surface Pond Permit # _____ Feet from N/S Line of Section

(API# if Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☒

Past Operator's License No. 5615 ✓

Contact Person: Scott M. Webb

Past Operator's Name and Address:

Phone: (303) 308-8500

Ocean Energy Resources, Inc.

Date 4/05/99

1670 Broadway, STE 2800

Denver, Colorado 80202

Title Regulatory Coordinator

Signature 

New Operator's License No. 32446 ✓

Contact Person Arlene Valliquette

New Operator's Name and Address

Phone (972) 701-8377

Merit Energy Company


Oil/Gas Purchaser Western Resources

12222 Merit Drive, STE 1500

Date 4/07/99

Dallas, Texas 75251

Title Manager Regulatory Affairs

Signature 

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

EPF

MUST BE FILED FOR ALL WELLS

*Lease Name

Carrick AR

*Location Kingman County

[illegible]