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

Effective Date of Transfer 4-1-99

Lease Name Koehn

13 Sec. T 21 S R 2 (W)/E

Legal Description of Lease: SW1/4

County McPherson

Production Zone(s) Miss

Injection Zone(s) Lower Miss

Field Name Moundridge

Check Applicable Boxes:

[ ] Oil Lease: No. of Wells ____

[X] Gas Lease: No. of Wells 1

[X] Saltwater Disposal Well - Docket No. D-24974
Spot Location: 2310 feet from N/(S) Line
4950 feet from (E)/W Line

[ ] Enhanced Recovery Project Docket No. ____
Entire project: Yes/No
Number of injection wells ____

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Surface Pond Permit # P. 08918

2310 Feet from N/(S) Line of Section
4950 Feet from (E)/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐

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

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Past Operator's License No. 30009

Past Operator's Name and Address:
Randon Prod. Co
RH3 Marion, Ks 66861

Title owner/operator

Contact Person: Randy Siebert

Phone: 316-924-5437

Date 4-1-99

Signature Randy Siebert

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New Operator's License No. ~~30690~~ 32378

New Operator's Name and Address
DW Investments
313 S. Washington
Lindsborg, KS 67456

Title owner/operator

Contact Person Doug Unruh

Phone 913-227-2191

Oil (Gas) Purchaser Mac County

Date 4-1-99

Signature Doug Unruh

RECEIVED
KANSAS CORPORATION COMMISSION
JUN 24 1999
CONSERVATION DIVISION
WICHITA, KS

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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 ____

Date ____ ____
Authorized Signature

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

Date ____ ____
Authorized Signature

Form T1 10/91

*LEASE NAME Koehn

MUST BE FILED FOR ALL WELLS

*LOCATION: SW¼ 13-21s-2w

SIDE 2
T1 7/94

WELL NO.	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)
1	15-113-21178-00-00	2310 (Circle) FSL/FNL 4950 (Circle) FEL/FWL	gas	Prod.
2	N/A	3320 (Circle) FSL/FNL 4950 (Circle) FEL/FWL	inj.	Prod.
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
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		____ 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 indi