

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 4-17-96

Check Applicable Boxes:

Lease Name Cottrell 1-21

[] Oil Lease: No. of Wells _____

21 Sec. T 32 S R 29 W/E

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: _____

[] Saltwater Disposal Well - Docket No. _____

Sec 21-32-29^W

Spot Location: _____ feet from N/S Line

County Meade

_____ feet from E/W Line

Production Zone(s) Morrow

[] Enhanced Recovery Project Docket No. _____

Entire project: Yes/No

Number of injection wells _____

Injection Zone(s) _____

Field Name _____

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

_____ 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: _____

Past Operator's License No. 31260

Contact Person: Ed Eves

Past Operator's Name and Address:

Phone: 316-675-8349

Midwest Cas.ing Inc

Date 4-17-96

Box F

Signature Edgar J. Eves

Saskatoon 67877

Title Pres. MWCI

New Operator's License No. _____

Contact Person Will Cottrell Jr.

New Operator's Name and Address

Phone 316-873-5404

Oil/Gas Purchaser DOMESTIC WELL/IRRIGATION FUEL
USE

Date 4-17-96

Title _____

Signature BWA

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 10/91