

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:

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

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

** SIDE TWO MUST BE COMPLETED **

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

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

Effective Date of Transfer 4-17-96

Lease Name Cottrell 1-21

-C2-S/2 SW Sec 21 T32S R29 W/E

Legal Description of Lease: _____

County MEADE

Production Zone(s) Morrow

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. NA Contact Person: Bill Cottrell, Jr.

Past Operator's Name and Address: _____ Phone: 316/873-5404

Title _____ Date 8-15-96

Signature Bill G

New Operator's License No. 4247 Contact Person Thomas G. Pronold

New Operator's Name and Address _____ Phone 316/265-8014

Dolomite Resources Corporation
225 N. Market, Suite 200
Wichita, KS 67202

Oil/Gas Purchaser Max Amerin

Date 9/27/96

Title President Signature Thomas G. Pronold

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

*LOCATION: C S/2 SW 21-32S-29W

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

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

Producing

[illegible]

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.