

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 1 **

** 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 _____ **

May 1, 2000 Effective Date of Transfer

Lease Name UNION 1-4

_____ - _____ - _____ Sec 4 T 34S R 42 (W/E)

Legal Description of Lease: _____

ALL OF SEC 4-34S-42W

County MORTON

Production Zone(s) TOPEKA (2537-3186')

Field Name GREENWOOD

Injection Zone(s) _____

Surface Pond Permit # _____

(API No. If Drill Pit)

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 05337

Contact Person: Bruce E. Alsup

Past Operator's Name and Address:

Phone: 918/583-3333

Nadel and Gussman
3200 First Place Tower
Tulsa, OK 74103

Date July 17, 2000

Title Comptroller

Signature *Bruce E. Alsup*

New Operator's License No. 32638

Contact Person Bruce E. Alsup

New Operator's Name and Address

Phone 918/583-3333

Nadel and Gussman, L.L.C.
3200 First Place Tower
Tulsa, OK 74103

Oil/Gas Purchaser CIG MERCHANT COMPANY

Date July 17, 2000

Title Comptroller

Signature *Bruce E. Alsup*

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

EP&R 9/29/00 PROD PAR 2 9 2001 UIC 11-16-00

*LEASE NAME UNION 1-4

*LOCATION MORTON COUNTY

[illegible]

***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.**