

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

J.H.

Effective Date of Transfer 5/01/95

Check Applicable Boxes:

Lease Name: Boggs Estate Lease

[] Oil Lease: No. of Wells _____

Sec. 09 & 16 T33S, R12W

[x] Gas Lease: No. of Wells 2

Legal Description of Lease: SW/4 Sec 9.
NW/4 Sec. 16

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

County Barber

[] Enhanced Recovery Project Docket No. _____

Production Zone(s) Mississippi

Entire project: Yes/No
Number of injection wells _____

Injection Zone(s) _____

Field Name Medicine Lodge Field

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. #30793

Contact Person: Terry Stafford

Past Operator's Name and Address:

Phone: 316-532-5460

Energy Marketing, Inc.
1815 Capitol Avenue
Omaha, NE 682102

Date 5-22-95

Title Operations Engineer

Signature Mark Reichardt
Mark Reichardt

New Operator's License No. 31088

Contact Person Terry Stafford

New Operator's Name and Address

Phone 918-532-5460

Colt Resources Corporation
Bank IV Bldg, Suite 1100
15 W. 6th Street
Tulsa, OK 74119-5461

Oil/Gas Purchaser _____

Date 5/19/95

Title VP Engineering

Signature Robert R. McNulty
Robert R. McNulty

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

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)
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[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.