REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT SKF

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

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Check Applicable Boxes:

Effective Date of Transfer May 1, 1995

[X] Oil Lease: No. of Wells 1 **

Lease Name Wilson

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

__ - __ - __ - __ Sec 5 T 21 R 11 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

NW¼

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

County Stafford

Production Zone(s) Simpson

Field Name Kowalsky

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 30677

Contact Person: Loren Haddon

Past operator's name and address:

Lone Wolf Inc.
RR 2, Box 109A
Ellinwood, KS 67526

Phone: (316) 793-7223

Date 5-12-95

Title President

Signature Lou D. Haddon

****

New Operator's License No. 04940

Contact Person Sammy Jahay

New Operator's Name and Address

S.J. Oil Company
RR #2 Box 64
Ellinwood, Kansas 67526

Phone 1-316-564-2966

Oil/Gas Purchaser NCRA

Date 5-12-95

Title Owner & Operator

Signature Sammy Jahay

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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 # _____

RECEIVED
STATE CORPORATION COMMISSION
MAY 25 1995
CONSERVATION DIVISION
WICHITA, KANSAS

Date _____ _____
Authorized Signature

Form T1 7/94

P

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Wilson *LOCATION: NE-SE-NW

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	API # 15-185-21,679 Drilled - 1982	990	Circle (FSL)/FNL	330	Circle (FEL)/FWL	oil	Prod.
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			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 indicate which section each well is located.