

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

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 1 **

☐ 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 **

Field Name Kowalsky

Surface Pond Permit #
(API No. if Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 30677

Past operator's name and address:

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

Title President

New Operator's License No. 04940

New Operator's Name and Address

S. J. oil company
RR #2 Box 64
Ellinwood, Kansas 67526

Title Owner & Operator

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # has been noted, approved and duly recorded in the record 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

Effective Date of Transfer May 1, 1995

Lease Name Wilson

 Sec 5 T21 R11 W8

Legal Description of Lease:

NW 1/4

County Stafford

Production Zone(s) Simpson

Injection Zone(s)

 Feet from N/S Line of Section
 Feet from E/W Line of Section

Contact Person: Loren Haddon

Phone: (316) 793-7223

Date 5-12-95

Signature Loren Haddon

Contact Person Sammy Jahay

Phone 1-316-564-2966

Oil/Gas Purchaser NCPA

Date 5-12-95

Signature Sammy Jahay

 is acknowledged as the new operator of the above named lease containing the surface pond permitted by #

Date
Authorized Signature

RECEIVED
KANSAS CORPORATION COMMISSION

MAY 25 1995
Form T1 7/94

MUST BE FILED FOR ALL WELLS

PLEASE NAME Wilson

WELL NO.	API NO.	(YR DELD/PRE '67)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
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FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

*LOCATION: NE-S E-NW

[illegible]

API # 15-185-21,679
Drilled - 982

circle circle
FSL/FNL 330 FEL/FWL

990

10

Prod.

FSL/FNL FEL/FWL

FEL/FWL

TUE/FRI

FEL/FWL

FSL/FNL

TJH/TJH

FSL/FNL FEL/FNL

FEL/FIL

FSL/FNL _____ FEL/FWL _____

FEL/FWL

FSL/FNL FEL/FWL

JMF/FWL

FSL/FNL _____ FEL/FWL _____

THE/TF

FSL/FNL _____ FEL/FWL _____

FEL/FWL

FSL/FNL _____ FEL/FWL _____

THF/THF

FSL/FWL _____ FEL/FWL _____

TJF/FWL

TSL/FML _____ FEL/FML _____

TMA/TM

FSL/FNL _____ FEL/FWL _____

THF/THF

FSL/FML _____ FEL/FAL _____

THU/THF

FSL/FNL _____ FEL/FWL _____

TW/TJ

TSI/ENL — FEL/FEL

THE

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.