J-14.

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

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Check Applicable Boxes:

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

[XX] 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 _____**

Field Name Spivey-Grabbs

Effective Date of Transfer 05-01-96

Lease Name MUIR #1-20

___ - NE - NE - NE Sec 20 T 31S R 9 (W)/E

Legal Description of Lease: _____

330'FNL & 450'FEL

County Harper

Production Zone(s) Mississippi Chat

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. 6378

Past Operator's Name and Address:
Hawkins Oil & Gas, Inc.
400 So. Boston, Suite 800
Tulsa, OK 74103

Title Vice President Operations

Contact Person: Kathy B. McGuire

Phone: (918) 585-3121

Date 5-15-96

Signature Beth Smith

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 20 1996
CONSERVATION DIVISION
WICHITA, KS

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New Operator's License No. 31300 ✓

New Operator's Name and Address
Centrex Operating Company
P.O. Box 52058
Tulsa, OK 74152-0058

Title PRESIDENT

Contact Person Dusty Smith

Phone (918) 599-8128

Oil/Gas Purchaser Peoples Natural Gas Co.

Date 5/18/96

Signature _____

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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 # _____.

Date _____ _____
Authorized Signature

Form T1 7/94

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Muir #1-20 *LOCATION: Sec. 20-31S-9W

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)
#1-20	15-077-20,535	330'	Circle FSL/FNL	450	Circle FEL/FWL	Gas	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