

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 _____ **

Field Name Bauer Field

Surface Pond Permit # _____
(API No. If Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 05-01-96

Lease Name Wohlschlegel #1-9
C-S/2-SW-SE Sec 9 T 31S R 6 W/

Legal Description of Lease: _____
S/2 SE/4 Sec 9 T 31S R 6W

County Harper Co Kansas

Production Zone(s) Mississippi

Injection Zone(s) _____

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

Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 6236

Contact Person: Marvin A. Miller

Past Operator's Name and Address:

Phone: (316) 532-5178

MTM Petroleum, Inc.

PO Box 82

Spivey KS 67142

President

Date 05-01-96

Signature Marvin A. Miller

New Operator's License No. 31514

Contact Person Robert Patton

New Operator's Name and Address

Phone (316) 685-1512

Thoroughbred Associates

10 Colonial Court

Wichita KS 67207

Oil - NCRA Koch
Oil/Gas Purchaser Gas - Wichita Ind. Energy

Date 7-25-96

Signature Robert Patton

Title Managing Partner

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 new operator of the above named lease containing the surface pond permitted by # _____

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

*LEASE NAME Wohlschlegel #1-9

*LOCATION: Harper Co KS

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/MSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

#1-9

15-077-21-, 226

510'

Circle
FSL/FNL

1870

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

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.