

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: STATE CORPORATION COMMISSION

[] Oil Lease: No. of Wells JULIO 6 1998

[X] Gas Lease: No. of Wells 2
** 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 AETNA

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer May 30, 1998

Lease Name SOOTER A

_____ Sec 2 T 34 R 14 W/E

Legal Description of Lease: _____

County BARBER

Production Zone(s) MISSISSIPPIAN

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. 09012 5447 Contact Person: Dean Athens

Past Operator's Name and Address: _____ Phone: (918) 561-3577

Oxy USA Inc. _____ Date May 28, 1998

P.O. Box 300 _____

Tulsa, OK 74102-0300 _____

Title Attorney-in-Fact _____ Signature _____

New Operator's License No. 12420 4548 Contact Person Clark Southmayd

New Operator's Name and Address _____ Phone (918) 588-7759

Oneok Resources Company _____

100 W. 5th Street _____

Tulsa, OK 74103-4298 _____

Date _____

Title Manager - Operations & Engineering Signature _____

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 _____

MUST BE FITTED FOR ALL WELLS

*LOCATION: 2-345-14w

TREASURER NAME

SISTER A

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)

2/1

30136
15-007-95004

15-007-22465

2310

circle
FSL/FNL

990

circle
FEL/FWL

4780

$\frac{\text{FSL/FNL}}{\text{FEL/FWL}} = 2180$

Gas

GA5

Active

ACTIVE

[illegible]

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.