

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 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 LARNED

\*\*\*\*\*

Surface Pond Permit # \_\_\_\_\_ Feet from N/S Line of Section  
(API No. If Drill Pit) \_\_\_\_\_ Feet from E/W Line of Section

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

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Past Operator's License No. 5229 ✓ Contact Person: J.F. Mitchell

Past Operator's Name and Address Phone (713)669-3509

Phillips Petroleum Company

P.O. Box 1967

Houston, Texas 77251-1967

Title Director, Regulatory Compliance Signature Jacob Mitchell

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New Operator's License No. 9312 ✓ Contact Person: Greg Copeland

New Operator's Name and Address Phone 713/364-7037

EQUINOX OIL COMPANY, INC.

10077 Grogans Mill Road, Suite 475

The Woodlands, Texas 77380

Title Executive Vice President Signature Greg Copeland

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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 \_\_\_\_\_

\_\_\_\_\_ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # \_\_\_\_\_. Recommended action \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

\* LEASE NAME LARNED A

WELL NO.	(YR DRLD/PRE '67)
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100	1967

\* LOCATION: SE SW SW

(i.e. FSL=Feet from South Line)

[illegible]

**A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY**

\*When transferring a unit which consists of more than one lease covers more than one section please indicate which section each well is located. If a lease covers more than one section please indicate which section each well is located. lease please file a separate side two for