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:

[X] 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 _____

Effective Date of Transfer 6/1/95

Lease Name SWAFFORD

__-__-__-__ Sec 5 T 28 R 15 W/E

Legal Description of Lease: SE/4

County Pratt

Production Zone(s) Mississippi

Injection Zone(s) _____

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 ☐

RECEIVED
STATE CORPORATION COMMISSION
AUG 1 8 1995
CONSERVATION DIVISION
WICHITA, KANSAS

Past Operator's License No. 6668

Past Operator's Name and Address:
Leben Corp.
105 S. Broadway, #640
Wichita, KS 67202

Title Controller

Contact Person: Dick Bradford

Phone: (316) 264-2375

Date July 18, 1995

Signature Richard L Bradford

New Operator's License No. 30839

New Operator's Name and Address
Grey Oil Company
Rt. 2, Box 69
Haviland, KS. 67059

Title President

Contact Person Stan Grey

Phone 316-862-6546

Oil/Gas Purchaser Comco

Date 8/14/95

Signature Stan Grey

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 7/9

T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME _____ *LOCATION: _____

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle FSL/FNL		Circle FEL/FWL	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
			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		
			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.