

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 _____ **

Effective Date of Transfer 6/1/96

Lease Name #3 Gress

C - SW - NW - Sec 7 T31S R 12W W/E

Legal Description of Lease: S/2 NW/4

& W/2 NE/4 of 7-31S-12W

County Barber

Production Zone(s) Lower Douglas Sand

Field Name Nurse

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 ☐

Past Operator's License No. 5255 Contact Person: Douglas H. McGinness

Past Operator's Name and Address: Phone: 316-267-6065

McGinness Oil Company
150 N. Main, Suite 1026
Wichita, Kansas 67202

Date 5/30/96

Title President

Signature Douglas H. McGinness

New Operator's License No. 3188 ✓ Contact Person Douglas H. McGinness

New Operator's Name and Address Phone 316-267-6065

McGinness Oil Company of Kansas, Inc.
150 N. Main, Suite 1026
Wichita, Kansas 67202

Oil/Gas Purchaser Kansas Gas Supply

Date 5/30/96

Title CEO Signature Douglas H. McGinness

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 # _____

RECEIVED
KANSAS CORPORATION COMMISSION

Date _____
Authorized Signature _____

Date JUN 03 1996
Authorized Signature _____

CONSERVATION DIVISION
WICHITA, KS

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME	#3 Gross

*LOCATION: C SW NW

WELL NO.	API NO.	(YR DRLLD/PRE '67) -
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
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64	65	66
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328	329	330
331	332	333
334	335	336
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361	362	363
364	365	366

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL	WELL STATUS
(OIL/GAS	(PROD/TA'D
INJ/WSW)	ABANDONED)

WELL STATUS
(PROD/TA'D
ABANDONED)

Circle 3300 Circle 4620
FSL FNL FEL FWL

Prod

	FSL/FNL	FEL/FWL
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	FSL/FNL	FEL/FWL
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FSL/FNL
FEL/FWLFSL/FNL
FEL/FWLFSL/FNL
FEL/FWL

FSL/FNL, FFL/FWL,

FST./FNT. FET./FWT.

FST./FNT. FET./FWT.

FST./FNT. FET./FNT.

FST./FNT. FET./FWT.

FST / FNT FET / FWT

EST / ENT EET / EET

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	PGY / FMT	PGY / FMT
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11/11/11

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.