

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 Shimer

Effective Date of Transfer 6-1-98

Lease Name McAninch-Gregg #3

Sec 31 T 32S R 16 W/E

Legal Description of Lease: _____

SW

County Comanche

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 ☐

Past Operator's License No. 30157

Contact Person: Jim Keisling

Past Operator's Name and Address:

Phone: (713) 951-1430

Date 6/8/98

Signature Jim Keisling

Title Manager

New Operator's License No. 32311

Contact Person Jeanie McMillan

New Operator's Name and Address

Phone (713) 752-5296

Oil/Gas Purchaser Western Gas Resources, Inc.

Date 6-5-98

Signature Jeanie McMillan

Title Regulatory Supervisor

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 FILED FOR ALL WELLS

*LEASE NAME

McAninch-Craig #3

*LOCATION: Sec 31-32-16W

WELL NO.

API NO.
(YR DRD/PRE '67)

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

TYPE OF WELL
(OIL/GAS
INJ/WSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

3

15-033-20637

660

circle
~~FSL~~/FNL

760

circle
~~FEL~~/FWL

Gas

Prod

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

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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