

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 MCKCH McKinney- Chester

Effective Date of Transfer June 1, 1998

Lease Name Rusk "B" # 1

~~xxxNWxxx~~ ~~xxxNW~~ Sec 7 T 32 R 15 W/E

NW/4 NW/4
Legal Description of Lease: _____

NW/4 NW/4 Sec. 7, Twp 32, R 15 W

County BARBER

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. 6707

Contact Person: Ervin G. Walker

Past Operator's Name and Address:

Ervin G. Walker
140 Bobwhite Dr.
Medicine Lodge, Ks. 67104

Title OPERATOR

Phone: 1-316-739-4759

Date June 1, 1998

Signature Ervin G. Walker

New Operator's License No. 30991

Contact Person Dale R. Walker

New Operator's Name and Address

Dale R. Walker **RED CEDAR OIL**
Box 221
Medicine Lodge, Ks. 67104

Phone 316-886-3951

Oil/Gas Purchaser Warren Energies Resources

Date June 1, 1998

Title OPERATOR

Signature Dale R. Walker

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 RUSK "B" # 1

*LOCATION: NW-NW 7-32-15

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/WSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

		Circle		Circle		Producing	Gas Well
		FSL/FNL	FEL/FWL	FSL/FNL	FEL/FWL		
1	<u>15-001-20615</u> <u>Spud. 1978</u>	<u>660</u>					
		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		
		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.