

TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

Effective Date of Transfer 7/1/95

Check Applicable Boxes:

Lease Name LOHOFF "A"

☒ Oil Lease: No. of Wells 1

34 Sec. T 16 S R 29 WE

☐ Gas Lease: No. of Wells _____

Legal Description of Lease: _____
NE, SE, NW

☐ Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

County LANE

☐ Enhanced Recovery Project Docket No. _____
Entire project: Yes/No
Number of injection wells _____

Production Zone(s) MARMATON

Injection Zone(s) _____

Field Name LOHOFF

Surface Pond Permit # _____

Feet from N/S Line of Section _____

Feet from E/W Line of Section _____

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: 15-101-20253

Past Operator's License No. 31253

Contact Person: KEVIN T. AUL

Past Operator's Name and Address:
FAGADAU ENERGY CORPORATION
2323 BRYAN STREET
SUITE 1770

Phone: 214-754-5908

Date 7/10/95

Title DALLAS, TX 75201 MANAGER

Signature [Signature]

New Operator's License No. 31653

Contact Person RANDALL K. ARNOLD

New Operator's Name and Address
BUFFALO OPERATING LLC
1720 S. BELLAIR ST., PENTHOUSE
DENVER, CO. 8022-4304

Phone 303-757-8431

Oil/Gas Purchaser TITI

Date 7/10/95

Title MANAGER

Signature [Signature]

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.
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_____ 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 # _____

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____