REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION		RANSAS CORPORATION COMMISSION CONSERVATION DIVISION							
OR TRANSFER OF SURFACE POND PERMIT			KET, ROOM 2078						
*********	****	_	ANSAS 67202						
			70195_Lange_INJ.pdf						
Check Applicable Boxes:		Effective Da	e of Transfer 7-01-95						
[X] Oil Lease: No. of Wells **		Lease Name _	Lange						
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **			Sec 10 T 23 R 17 W/B						
1 1 Coltantes Diseased Well - Decket Mc E	24 649	Legal Descri	ption of Lease: NW1/2						
[X] Saltwater Disposal Well - Docket No.E- Spot Location: 2970 feet from N(S) 3980 feet from E/W	Line	and SW							
[] Enhanced Recovery Proj. Docket No		County	Pawnee						
Entire project: Yes/No Number of injection wells**		Production Z	one(s)_Mississippi						
Field Name		Injection Zo	ne(s) Mississippi						
Field Name	*****		*****						
Surface Pond Permit # (API No. If Drill Pi		Fe	et from N/S Line of Section et from E/W Line of Section						
			_ ~						
Identify: Emergency Pit Burn Pit	s	torage Pit -	Drill Pit L						
・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	*****	tareon: I.C	wis Simmons						
			•						
Past Operator's Name and Address:	Phone:	316-775-	5555						
Little Nell Oil Co.	Date	7-05-95							
P.O. Box 99 Title Augusta, Ks. 67010 Title President, Lewis Simmons	Signatu	re Dewis	RAMMINICANIE						
************************	*****	***********	allas Flowers						
New Operator's License No. 6407 /			1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Phone _	316-321-05							
1.0. 20. 2.2	Oil/Gas	Purchaser _	Farmland Thdustries						
El Dorado, Ks. 67042	Date	7-95	-95						
•		77//	11/1/1						
Title President	Signatu	re <u>// R</u>	ller // lower						
ACKNOWLEDGEMENT OF TRANSFER: The above is surface pond permit # has been of the Kansas Corporation Commission. This Corporation Commission records only and do injection well(s) or pond permit.	n noted, is ackno	approved and wledgement of	duly recorded in the records f transfer pertains to Kansas						
is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # . Recommended action	new ope	erator of the	is acknowledged as the above named lease containing mitted by #						
Date	Date								
Authorized Signature	_		Authorized Signature Form T1 7/94						

REQUEST FOR CHANGE OF OPERATOR

														2	-1	*LEASE NAME	
														N/A	N/A	Lange API NO. (YR DRLD/PRE '67)	
FSL/FNL FEL/FWL	2970 (FSL/FNL 3980 FEL/FWL	circle circle 1320 FSL/FNL 3300 FEL/FWL	*LOCATION: 10-23S-17W FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)														
WI.		ı	1	AL.	ı	ı	1	ı	1	1	1	1	ı	ŀ	L Oil	TYPE OF WELL (OIL/GAS	
														Active	Prod	WELL STATUS (PROD/TA'D ABANDONED)	

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY