

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:

[X] Oil Lease: No. of Wells 1 **

[] Gas Lease: No. of Wells **

** 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 7/1/95

Lease Name RUNDQUIST

- - W2-NW4 Sec 2 T 16S R 3 W/E

Legal Description of Lease: THE WEST

HALF OF THE NORTHWEST QUARTER

County SALINE

Production Zone(s) MAQUOKETA DOL.

Field Name OLSSON

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 ☐

52

Past Operator's License No. 31475

Contact Person: MARK CASEBEER

Past Operator's Name and Address:

Phone: 913-227-2886

Date 7/11/95

Title OWNER

Signature Mark Casebeer

New Operator's License No. 31478

Contact Person DON SIMS

New Operator's Name and Address

Phone 913-667-3291

DON SIMS OIL
108 N.MAIN
BRIDGEPORT KS 67416

Oil/Gas Purchaser NCRA

Date 7-12-95

Title OWNER

Signature Don Sims

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

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 17 1995
Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME _____

*LOCATION: _____

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		
		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		
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		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.