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

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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 _____ **

Field Name _____Richardson_____

Effective Date of Transfer _____7/1/96_

Lease Name ____Allen "A" #5_____

NW_-_NE-_SW-___ Sec _31_ T_22S R_11 W/E

Legal Description of Lease: _____

_330' FSL & 990' FWL _____

County _____Stafford_____

Production Zone(s)_____Arbuckle_____

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. ___3613____

Past Operator's Name and Address:
Hallwood Petroleum, Inc.
P. O. Box 378111
Denver, CO 80237

Title __Vice President - Operations____

Contact Person: ____Betty J. Dieter_____

Phone: _____(303) 850-6298_____

Date 7-1-96

Signature Betty J Dieter

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New Operator's License No. ___31174____

New Operator's Name and Address

Bighorn Oil Co., Inc.
P. O. Box 263
Great Bend, KS 67530

Title __Vice President_____

Contact Person _____Brad Swalley_____

Phone _____(316) 793-3160_____

Oil/Gas Purchaser Koch

Date 7-22-96

Signature Brad Swalley

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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

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME_____ *LOCATION_____

WELL NAME	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle		Circle	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
			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.