

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, KS 67202

Check Applicable Boxes:

[] Oil Lease: No. of Wells _____ **

[] Gas Lease: No. of Wells _____ **

** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. CD 24,324
Spot Location: 2010 feet from N/S Line
940 feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No
Number of injection wells _____ **

Field Name _____

Surface Pond Permit # _____

(API No. if Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐

Storage Pit ☐ Drill Pit ☐

Effective Date of Transfer 7/1/97

Lease Name Peters

-W/2- SE- NE Sec 26 T 29S R 18 W

Legal Description of Lease: _____

2010' FNL & 940' FEL

County Kiowa

Production Zone(s) _____

Injection Zone(s) cm

Feet from N/S Line of Section

Feet from E/W Line of Section

Past Operator's License No. 4243 ✓

Contact Person: Albert Brensing

Past Operator's Name and Address:

Cross Bar Petroleum, Inc.

151 North Main, Suite 630

Wichita, KS 67202-1407

Title President

Phone: (316) 265-2279

Date 6/30/97

Signature [Signature]

New Operator's License No. 3842 ✓

Contact Person Tom Larson

New Operator's Name and Address

Larson Operating Company

A Div. of Larson Engineering, Inc.

562 West Highway 4

Olmitz, KS 67564-8561

Phone (316) 653-7368

Oil/Gas Purchaser N/A

Date 7/31/97

Signature Carol Larson

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 _____

*LOCATION: _____

API NO.
(YR DRLD/PRE '67)

WELL NO.

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 FSL/FNL

FSL/FNL FSL/FNL

FSL/FNL FSL/FNL

FSL/FNL FSL/FNL

FSL/FNL FSL/FNL

FSL/FNL FSL/FNL

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FSL/FNL FSL/FNL

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.