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:

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

[X] Gas Lease: No. of Wells 1 **
** 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 Wildcat

Effective Date of Transfer 7/1/97

Lease Name Schmidt

___-___-S/2-SW Sec 35 T 29 R 18 W/

Legal Description of Lease: _____

610' FSL & 1370' FWL

County Kiowa

Production Zone(s) Mississippian

Injection Zone(s) _____

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Surface Pond Permit # _____ _____ Feet from N/S Line of Section
(API No. if Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

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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

Phone: (316) 265-2279

Date 6/30/97

Title President

Signature _____

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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 KS Gas Supply

Date 7/31/97

Title President

Signature Carol Larson

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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

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KANSAS CORPORATION COMMISSION
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P Form T1 7/94

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Schmidt

*LOCATION: S/2 SW Sec. 35-T29S-R18W

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		
1-35	097-213860000	610	(FSL)/FNL	1370	FEL/(FWL)	Oil/Gas	Prod.
			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		

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.