

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 _____ **

[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 Nichols

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 Unruh

C - N/2 - NW - SE Sec 22 T 29S R 18 (W)

Legal Description of Lease: _____

SE/4 Sec. 22-T29S-R18W

County Kiowa

Production Zone(s) Mississippian

Injection Zone(s) _____

_____ 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 Albert Brensing

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

Signature Carol Larson

Title President

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

*LOCATION: C N/2 NW SE Sec. 22-T29S-R18W

Unruh

*LEASE NAME

FOOTAGE FROM SECTION LINE

WELL STATUS
(PROD/TA'D
ABANDONED)

TYPE OF WELL
(OIL/GAS
INJ/WSW)

API NO.
(YR DRID/PRE '67)

(i.e. FSL=Feet from South Line)

WELL NO.

Circle

Circle

OWWO

2310'

1980'

FEL/FWL

OWWO

2310'

1980'

FEL/FWL

OWWO

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