

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:

- [] 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 _____ **

Effective Date of Transfer 07-01-97

Lease Name Yost

SE- - - - Sec 9 T 31S R 17 (W)E

Legal Description of Lease: _____

Sec 9: S/2

County Comanche

Production Zone(s) Mississippian

Field Name Wilmore Injection Zone(s) _____

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 ☐

Past Operator's License No. 8362 Contact Person: Paul J. Cornell

Past Operator's Name and Address: Phone: (713) 751-7525

Quintana Minerals Corporation

601 Jefferson, Suite 2300

Houston, TX 77002

Title Controller Signature _____

New Operator's License No. 5447 Contact Person David D. Juby

New Operator's Name and Address Phone (918) 561-3564

OXY USA Inc.

P. O. Box 300

Tulsa, OK 74102-0300

Title Attorney-in-Fact Signature William R. Morgan

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record 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 _____

HUBB BE FILLED FOR ALL WELLS

*LEASE NAME

Yost

*LOCATION:

9-T31S, R17W

WELL NO.

API NO.
(YR DRID/PRE '67)

FOOTAGE FROM SECTION LINE
(1.e. FSL=feet from south line)

TYPE OF WELL
(OIL/GAS
INJ/MSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

#1

15-033-20684

1320'

circle
FSL/FNL

1320'

circle
FEL/FWL

Gas

Producing

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

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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.