

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 8/1/95
Lease Name Hampton, E D 1
SE-SE-NW Sec 17 T 34S R 34W W/1
Legal Description of Lease: _____
ALL 17 34S 34W
County Seward
Production Zone(s) CHASE

Field Name _____ 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. 25090 Contact Person: John V. Peters
Phone: (214) 701-7300
Past Operator's Name and Address: Santa Fe Minerals, Inc.
5420 LBJ Freeway, Suite 1100
Dallas, Texas 75240-2648
Title Vice President Date August 1, 1995
Signature _____

New Operator's License No. 31658 Contact Person Vaughn O. Vennerberg, II
Phone (405) 232-4011
New Operator's Name and Address Cross Timbers Operating Company
210 West Park Avenue, Suite 2350
Oklahoma City, Oklahoma 73102
Oil/Gas Purchaser _____
Date August 1, 1995
Title Senior Vice President - Land Signature _____

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
new operator of the above named lease containing
the surface pond permitted by # _____
RECEIVED
STATE CORPORATION COMMISSION
AUG 04 1995
Authorized Signature _____
WICHITA, KANSAS

*LEASE NAME E.D. Hampton

*LOCATION: NW/4

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)		
1		200	Circle FSL/FNL	200	Circle FEL/FWL	GAS	PROD
			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		

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.