

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 _____ **

Field Name _____

Surface Pond Permit # _____
(API No. If Drill Pit) _____

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

Past Operator's License No. 25090

Past Operator's Name and Address:
Santa Fe Minerals, Inc.
5420 LBJ Freeway, Suite 1100
Dallas, Texas 75240-2648
Title Vice President

New Operator's License No. 31658

New Operator's Name and Address
Cross Timbers Operating Company
210 West Park Avenue, Suite 2350
Oklahoma City, Oklahoma 73102

Title Senior Vice President - Land

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authoriza-
tion surface pond permit # _____ has been noted, approved and duly recorded in the reco-
rd of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kan-
sas Corporation Commission records only and does not convey any ownership interest in the ab-
ove 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 _____

Effective Date of Transfer 8/1/95

Lease Name Hampton, E D 2

NE-SW-NW Sec 17 T 34S R 34W W/

Legal Description of Lease: _____

A2L 17 34S 34W

County Seward

Production Zone(s) CHASE

Injection Zone(s) _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐

Contact Person: John V. Peters

Phone: (214) 701-7300

Date August 1, 1995

Signature [Signature]

Contact Person Vaughn O. Vennerberg, II

Phone (405) 232-4011

Oil/Gas Purchaser _____

Date August 1, 1995

Signature [Signature]

_____ is acknowledged as
new operator of the above named lease contain-
ing the surface pond permitted by # _____

Date _____
Authorized Signature _____

AUG 04 1995

Authorized Signature

*LEASE NAME

HAMPTON E.D.

*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)21500Circle
FSL/FNL1250Circle
FEL/FWLGASPROD

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

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.