

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:

Effective Date of Transfer 8/1/95

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

Lease Name HARMON

[] Gas Lease: No. of Wells _____ **

____ - ____ - ____ Sec 13 T 27 R 16 W&X

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: W/2 SE/4

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

County Kiowa

[] Enhanced Recovery Proj. Docket No. _____

Entire project: Yes/No

Production Zone(s) Marmaton

Number of injection wells _____ **

Field Name Carver/Robbins/Fruit

Injection Zone(s) _____

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

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

✓ Past Operator's License No. 05414

Contact Person: J. Mark Richardson

Past operator's name and address:

Phone: (316) 262-3192

J. Mark Richardson
155 N. Market, Suite 840
Wichita, KS 67202

✓ Date 8-8-95

✓ Signature J. Mark Richardson

✓ Title Owner

New Operator's License No. 3208

Contact Person Ed Nemmich

New Operator's Name and Address

Phone 316-564-3422

K. N. Pet. Inc.

513 W. 6th

Ellinwood Ks. 67526

Oil/Gas Purchaser Farm land

Date 10/1/95

Title Pres.

Signature Ed Nemmich

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 _____

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

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME

Harmom

*LOCATION: W/2 S8/4 13-27-16 Kiowa

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)

1-13

15-097-20747

C5W4-S8/4

circle
FSL/FNL

circle
FEL/FWL

Oil

Prod.

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

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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.