

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:

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

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

** 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 Carver/Robbins/Fruit

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 8/1/95

Lease Name ROSE A

_____-_____-_____- Sec 13 T 27 R 16 W/E

Legal Description of Lease: NW/4

County Kiowa

Production Zone(s) Kinderhook

Injection Zone(s) _____

_____-_____-_____- Feet from N/S Line of Section

_____-_____-_____- Feet from E/W Line of Section

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

✓ Title Owner

✓ Signature J. Mark Richardson

New Operator's License No. 3208

Contact Person E. Nemmich

New Operator's Name and Address

K.N. Ret. Inc.
513 West 6th
Ellinwood KS. 67526

Phone 316-564-3422

Oil/Gas Purchaser Farmhand

Date 10/2/95

Title Pres.

Signature E. 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

Rose "A"

*LOCATION:

NW/4 13-27s-16w Kiooa

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

15-097-20817

330' Circle C-N-E-NW FSL/FNL 1980' Circle FEL/FWL

Oil

Prod.

FSL/FNL _____ FEL/FWL _____

FSL/FNL _____ FEL/FWL _____

FSL/FNL _____ FEL/FWL _____

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/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.