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 Aetna

Effective Date of Transfer 08/01/96

Lease Name GARTEN

C - W2 - SE - SW Sec 36 T 34S R 14 W/E

Legal Description of Lease: SW/4

County Barber

Production Zone(s) Mississippian

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 30972

Past Operator's Name and Address:
PETROGLYPH OPERATING CO., INC.
P. O. Box 1839
Hutchinson, KS 67504

Title Vice President

Contact Person: R. A. CHRISTENSEN

Phone: (316) 665-8500

Date August 1, 1996

Signature R. A. Christensen

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New Operator's License No. 8061

New Operator's Name and Address
OIL PRODUCERS INC. OF KANSAS
2400 N. Woodlawn, Suite 115
P. O. Box 8647
Wichita, KS 67208

Title President

Contact Person John S. Weir

Phone (316) 681-0231

Oil/Gas Purchaser Kansas Gas Supply Corp.

Date August 12, 1996

Signature John S. Weir

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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.

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_____ 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

Form T1 7/94

RECEIVED
KANSAS CORP. COM.
1996 AUG 27 A 11:08

T1 7/94

**MUST BE FILED FOR ALL WELLS**

*LEASE NAME GARTEN

*LOCATION: W/2 SE SW

| 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) |
|---|---|---|---|---|---|---|---|
| | | | Circle FSL/FNL | | Circle FEL/FWL | | |
| #1-36 | 15-007-22466 | 660 | (FSL) FNL | 3630 | (FEL) FWL | GAS | 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 | | |

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.