

**TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT**

**CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202**

Effective Date of Transfer Aug. 1996

Check Applicable Boxes:

Lease Name INGE

☐ Oil Lease: No. of Wells _____

19 Sec. T 24 S R 41 W/4

☒ Gas Lease: No. of Wells 1

Legal Description of Lease: C/N/E 99

☐ Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

County HAMILTON

☐ Enhanced Recovery Project Docket No. _____

Production Zone(s) _____

Entire project: Yes/No _____
Number of injection wells _____

Injection Zone(s) _____

Field Name Bradshaw

Surface Pond Permit # _____

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

Identify: Emergency Pic ☐

Burn Pic ☐

Storage Pic ☐

FEB 02 1998

List API#s on all post-1967 wells transferred with lease: 15-075-20416

Part Operator's License No. _____

Contact Person: STEVE ANDERSON

Part Operator's Name and Address: _____

Phone: (806) 273-5061

STEVE A ANDERSON

Date 1/14/98

P.O. Box 292

Signature Steve Anderson

FRITCH, TX 79036-0292

New Operator's License No. 9687

Contact Person Lester Smith

New Operator's Name and Address _____

Phone (316) 384-5277

LESTER SMITH

Oil/Gas Purchaser KNEnergy

P.O. BOX 375

Date 11-18-96

SYRACUSE, KS 67878

Title OWNER

Signature Lester Smith

ACKNOWLEDGMENT 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 10/91

Flahontes

EP R