

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 _____ **

[*] 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 GREENBURG

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 8-1-97

Lease Name GLENN GARY TAYLOR

____ - ____ - SW4 Sec 20 T 27 R 17 W/E

Legal Description of Lease: 20 27 17

County KNOX

Production Zone(s) MISSISSIPPIA

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. 30175

Past Operator's Name and Address:

GLENN GARY TAYLOR
R. #1, BOX 91
HAVILAND, KS 67059

Title owner

New Operator's License No. 31929

New Operator's Name and Address

T.T. PRODUCTION, INC.
RT. 1, BOX 91
HAVILAND, KS 67059
316-723-2944

Title PRESIDENT

Contact Person: GLENN GARY TAYLOR

Phone: 316-723-2944

Date 8-1-97

Signature Glenn Gary Taylor

Contact Person GARY TAYLOR

Phone 316-723-2944

Oil/Gas Purchaser KGS

Date 8-1-97

Signature Gary Taylor

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 _____

Date _____
Authorized Signature _____

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

Date _____
Authorized Signature _____

*LOCATION: Thom Co.

FOOTAGE FROM SECTION LINE
(i.e. FSL=feet from South Line)

WELL STATUS
(PROD/TA'D
ABANDONED)

Proof.

FEEL/FWI

FEEL/FWI

FEEL/EMI

FETI / FMT

FET. / FWT.

FEET / EMT

PAR / EJT

DATE / TIME:

11

THE

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.