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

Right

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Check Applicable Boxes:

Effective Date of Transfer 8-1-97

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

Lease Name RUSK B

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

__-__-__-__ Sec 7 T 32 R 15 (W)/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

N½ NW/4 + SW/4 of NW/4 7-32-15

[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____ **

County BARBER

Production Zone(s) ~~Ft Scott~~ MISSISSIPPI

Field Name PERRY RANCH

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. 6707

Contact Person: ERVIN WALKER

Past Operator's Name and Address:
Walker Ervin Gilbert
140 Bobwhite Dr
Medicine Lodge KS 67104

Phone: 316 739 4759

Date 8-1-97

Title OPERATOR

Signature Ervin G. Walker

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New Operator's License No. 30991

Contact Person DALE WALKER

New Operator's Name and Address
Red Cedar Oil
1405 N. Walnut
PO Box 221
Medicine Lodge KS 67104

Phone 316 886 3369 3951 OR 886 0136

Oil/Gas Purchaser KANSAS GAS SUPPLY

Date 8-1-97

Title OPERATOR

Signature Dale Walker

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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.

_____ 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

P

MUST BE FILED FOR ALL WELLS

*LEASE NAME _____ *LOCATION: _____

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)
B #1	DRLD 1978	660	Circle FSL/(FNL)	330	Circle 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		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			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 t sferring a unit which consists of more an one lease please file a separate si two for each lea e. If a lease covers more than one sectio. please indicate which section each well is located.