

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:

Effective Date of Transfer 9/1/97

☐ Oil Lease: No. of Wells 1999 AUG 23 12:09 **

Lease Name FLEAGLE

☒ Gas Lease: No. of Wells 1 **

- - C - SE/4 Sec 24 T 21 R 34 W/E

** SIDE TWO MUST BE COMPLETED **

☐ Saltwater Disposal Well - Docket No. _____

Legal Description of Lease: 1250 FWL &

Spot Location: _____ feet from N/S Line

1250 FSL

_____ feet from E/W Line

☐ Enhanced Recovery Proj. Docket No. _____

County FINNEY

Entire project: ☐ Yes ☐ No

Production Zone(s) HUGOTON

Number of injection wells _____ **

Field Name HUGOTON

Injection Zone(s) _____

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

(API No. If Drill Pit)

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐

Storage Pit ☐ Drill Pit ☒

Past Operator's License No. 32183 32193 ✓

Contact Person: Edwin E. Hance

Past Operator's Name and Address
PIONEER NATURAL RESOURCES USA, INC.
14000 QUAIL SPRING PARKWAY, #5000
OKLAHOMA CITY OK 73134

Phone 972-444-9001

Date 8-2-99

Title Operations Manager Mid-Continent Div.

Signature Edwin E Hance

New Operator's License No. 04824 ✓

Contact Person: Edwin E. Hance

New Operator's Name and Address
PIONEER NATURAL RESOURCES USA, INC
5205 N. O'CONNOR BLVD., STE 1400
IRVING TX 75039

Phone 972-444-9001

Oil/Gas Purchaser _____

Date 8-2-99

Title Operations Manager Mid-Continent Div.

Signature Edwin E Hance

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

* LEASE NAME FLEAGLE

WELL NO.	API NO.	(YR DRILD/PRE '67)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
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364	365	366

* LOCATION: SECTION 24-25-34W

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

#1

15-055-20340

Circle

1250

Circle

133 / 153

TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)

PRODUCING

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one section please indicate which section each lease covers more than one section please indicate which section each well is located. If a lease covers more than one section please indicate which section each well is located.