

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

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

[] Enhanced Recovery Proj. Docket No. _____

Entire project: Yes/No

Number of injection wells _____ **

Field Name Salley

Effective Date of Transfer 9/11/99

Lease Name Anthony C1-5

Sec 5 T 34S R 33 W/E

Legal Description of Lease: SE/4, SW/4,

N/2 Sec. 5/34S/33W

County Seward

Production Zone(s) L. ARROW/Chesler

Injection Zone(s) _____

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 ☐

Past Operator's License No. 03122

Contact Person: Vann A. Greeson

(918) 595-1315

Past Operator's Name and Address:

Phone: _____

Vintage Petroleum, Inc.

Date 7/12/99

4200 One Williams Center, Tulsa, OK 74172

Title Regulatory Specialist

Signature Vann A. Greeson

New Operator's License No. 5363

Contact Person DANA WREATH

New Operator's Name and Address

Phone (316)265-3311

BEREXCO, INC.

100 N. BROADWAY, STE. 970

WICHITA, KS 67202

Oil/Gas Purchaser _____

Date 8/11/99

Title ATTORNEY-IN-FACT

Signature Dana Wreath

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 _____

Form T1 7/94

MUST BE FILED FOR ALL WELLS

T1 7/94

SIDE 2

*LEASE NAME Anthony

*LOCATION: Sec. 5-345-33W

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)

<u>1-5</u>	<u>15-175-20881</u> ✓	<u>2310'</u> Circle FSL/FNL	<u>990'</u> Circle FEL/FWL	<u>Gas</u>	<u>Flowing</u>
		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		
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		FSL/FNL	FEL/FWL		