

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

RECEIVED
KANSAS CORP COMM

Check Applicable Boxes:

[] Oil Lease: No. of Wells 2000 FEB 22 P 2:15

[X] 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 _____

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

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Effective Date of Transfer 9/1/99

Lease Name Brensing 1-6

Sec 6 T 28 R 20 W/E

Legal Description of Lease: SE & SW

County Kiowa

Production Zone(s) Miss.

Injection Zone(s) _____

Feet from N/S Line of Section

Feet from E/W Line of Section

Past Operator's License No. 4677 Contact Person: Paul C. Carageannis

Past Operator's Name and Address: _____ Phone: (316) 254-7579

CARA VENTURES, Inc.

P.O. Box 287

Title Attica, KS 67009

Date September 1, 1999

Signature _____

New Operator's License No. 31997 Contact Person H.D. CALLICOTTE

New Operator's Name and Address _____ Phone (270) 352-4045

MID AMERICA CRUDE OIL, Inc.

P.O. Box 637

Radcliff, KY 40159-0637

Oil/Gas Purchaser _____

Date September 1, 1999

Title President Signature [Signature]

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 _____ Date _____ Signature _____

Form T1 7/99

SIDE 2

***LEASE NAME**

*LOCATION

APII 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)**

[illegible]

***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.**