

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, KS 67202

Check Applicable Boxes:

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

[X] Gas Lease: No. of Wells 1 **
** SIDE TWO MUST BE COMPLETED **

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

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

Field Name N. Hanke

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 09/01/99

Lease Name Parker Estate #1 Unit**Name Change

On Page 2
S/2 SW SE Sec 30 T 34S R 36W

Legal Description of Lease: _____

County Stevens

Production Zone(s) Morrow

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. 32334

Contact Person Frank E. Jordan

Past Operator's Name and Address

Phone 405-848-8000

Chesapeake Operating, Inc.

P. O. Box 18496

Date 08/05/99

Oklahoma City, OK 73154-0496

Title Vice President Production

Signature Frank E. Jordan

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 record 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 _____

Date _____

Authorized Signature

Authorized Signature

Form T1 7/94

MUST BE FILED FOR ALL WELLS* LEASE NAME Parker Estate # 1 Unit* LOCATION: S/2 SW SE 30 34S 36W

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/WSE)	WELL STATUS (PROD/TA'D ABANDONED)
*** 4	15-189-20848 ✓	330 FSL	2200 FEL	gas	Prod
		FSL/FNL	FEL/FWL		
***NAME CHANGE TO:	Parker Estate #1-30	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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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.