

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:

[ ] Oil Lease: No. of Wells \_\_\_\_\_ \*\*

[XX] 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 \_\_\_\_\_ \*\*

Effective Date of Transfer 10-1-96

Lease Name Burtsfield 1-19

C - NW - NE - Sec 19 T 27S R 16 W/EX

Legal Description of Lease: NW/4 of Section 19-27S-16W, containing 160 acres, more or less

County Kiowa

Production Zone(s) Mississippi

Field Name Vod

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. 03399 ✓

Contact Person: Michael Farrar

Past Operator's Name and Address:

Farrar Pump & Supply Co., Inc.

P.O. Box 209

Medicine Lodge, KS 67104

Phone: 316-886-3763

Date 2-14-97

Signature [Signature]

Title President

New Operator's License No. 31938 ✓

Contact Person Michael Farrar

New Operator's Name and Address

Indian Oil Co., Inc.

P.O. Box 209

Medicine Lodge, KS 67104

Phone 316-886-3763

Oil/Gas Purchaser KN Energy

Date 2-14-97

Signature [Signature]

Title President

\*\*\*\*\*  
**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 \_\_\_\_\_

MUST BE FILED FOR ALL WELLS

\*LEASE NAME

Burtsfield

\*LOCATION: Sec. 19-27S-16W

WELL NO.

API NO.  
(YR DRILL/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)

1-19

15-097-20,389

660

Circle  
FSL/FNL 1980 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		
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			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.

