

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:

[XX] Oil Lease: No. of Wells 1 **

[] Gas Lease: No. of Wells **

** 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 Rhodes East

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 10-1-96

Lease Name Davis (Edith) #1

150' W of

C - SE - SW - Sec 1 T 33S R 11 W W/4

Legal Description of Lease: S/2 SW/4 of
Section 1-33S-12W and N/2 NW/4 of Section
12-33S-12W, containing 160 acres, more or less

County Barber

Production Zone(s) Mississippi

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. 03399

Past Operator's Name and Address:

Farrar Pump & Supply Co., Inc.

P.O. Box 209

Medicine Lodge, KS 67104

Title President

New Operator's License No. 31938

New Operator's Name and Address

Indian Oil Co., Inc.

P.O. Box 209

Medicine Lodge, KS 67104

Title President

Contact Person: Michael Farrar

Phone: 316-886-3763

Date 2-14-97

Signature [Signature]

Contact Person Michael Farrar

Phone 316-886-3763

Oil/Gas Purchaser Wickford Energy

Date 2-14-97

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 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

Date
Authorized Signature

 is acknowledged as the new operator of the above named lease containing the surface pond permitted by #

Date
Authorized Signature

MUST BE FILED FOR ALL WELLS

SIDE 2
T1 7/94

*LEASE NAME

Davis (Edith)

*LOCATION: Sec. 1-33S-11W

WELL NO.

API NO.
(YR DRID/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

15-007-21,169

660

Circle
FSL/FNL

1830

Circle
FEL/FWL

Oil

Prod

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

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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.