

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:

[X] Oil Lease: No. of Wells 3 **

[] 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 Excell

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 Wickford 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 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 _____

