

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 South

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 10-1-96

Lease Name Michel #1

C - NE - SW - Sec 8 T 34S R 11 W 1/2

Legal Description of Lease: SW/4 of
Section 8-34S-11W, 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

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

Title President

Signature

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

Title President

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

 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 FILLED FOR ALL WELLS

T1 7/94

*LEASE NAME

Michel

*LOCATION:

Sec. 8-34S-11W

WELL NO.

API NO.
(YR DRD/PRE '67)

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/WSV)

WELL STATUS
(PROD/TA'D
ABANDONED)

1

15-077-20,121

1980

Circle
FSL/FNL

1980

Circle
FEL/FWL

Oil

Prod

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

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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.