TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

Effective Date of Transfer 10-1-96

Lease Name Ohlson "B" #1

6 Sec. T 35 S R 12 W/E

Legal Description of Lease: S/2-NE-NW

County Barber

Production Zone(s) Mississippi

Injection Zone(s) _____

Check Applicable Boxes:

[X] Oil Lease: No. of Wells 1

[ ] Gas Lease: No. of Wells _____

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

[ ] Enhanced Recovery Project Docket No. _____
Entire project: Yes/No
Number of injection wells _____

Field Name Hardtner

Surface Pond Permit # _____ _____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

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

Contact Person: Michael Farrar

Phone: 316-886-3763

Date 10/22/96

Signature _____

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

Oil/Gas Purchaser AT&M/KGS

Date 10/22/96

Signature _____

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 _____

Date _____ _____
Authorized Signature

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

Date _____ _____
Authorized Signature

Form T1 10/91