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

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Check Applicable Boxes:

[X] Oil Lease: No. of Wells 3 1 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 _____

Effective Date of Transfer 10/1/96

Lease Name Sipes Gates Lease

N - 2 - SW - 4 Sec 27 T 21 R 13 W/E

Legal Description of Lease: _____
N/2 SW/4 Section 27-T21S-R13W

County Stafford

Production Zone(s) Arbuckle/Lansing

Injection Zone(s) _____

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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 ☐ NA

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Past Operator's License No. 30869 ✓

Past Operator's Name and Address:
Jackson Oil company
P.O. Box 512
Ellinwood, KS 67526

Title Owner

Contact Person: Oliver G. Jackson

Phone: 316-564-2670

Date 10/1/96

Signature Oliver G. Jackson

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New Operator's License No. 5399 ✓

New Operator's Name and Address
American Energies Corporation
155 North Market, Suite 710
Wichita, Kansas 67202

Title President

Contact Person Alan L. DeGood, President

Phone 316-263-5785

Oil/Gas Purchaser Koch Oil Company

Date 10/1/96

Signature Alan L. DeGood

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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

RECEIVED
KANSAS CORP COMM
OCT 22 12

MUST BE FILED FOR ALL WELLS

SIDE 2
Tl 7/94

EASE NAME _____ *LOCATION: _____

LL NO.	API NO. (YR DRLD/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)
			Circle FSL/FNL		Circle 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		
			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		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

n transferring a unit which consists of more than one lease please file a separate side two for lease. If a lease covers more than one section please indicate which section each well is located.