

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:

Effective Date of Transfer 10/15/99

[] Oil Lease: No. of Wells _____ **

Lease Name Meyers

[X] Gas Lease: No. of Wells 1 **

- C-S/2-NE Sec16 T33S R31 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

E/2 of Section 16-33S-31W

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

County Seward

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Chase

Field Name Kismet

Injection Zone(s) None

Surface Pond Permit # 15-175-20951
(API No. If Drill Pit)

1980 Feet from N/S Line of Section
1320 Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 4040

Contact Person: F.W. Mallonee

Past Operator's Name and Address:

Mallonee, Inc.

8419 E. Harry, Suite 401

Wichita, KS 67207

Title President

Phone: (316) 681-1818

Date 10/15/99

Signature F.W. Mallonee

New Operator's License No. 9408

Contact Person Alan D. Banta

New Operator's Name and Address

Trans Pacific Oil Corporation

100 South Main, Suite 200

Wichita, KS 67202

Phone (316) 262-3596

Oil/Gas Purchaser Cibola

Date 10/15/99

Title Senior Vice President

Signature Alan D. Banta

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 7/94

MUST BE FILED FOR ALL WELLS

*LOCATION: CUS/2 NE Section 16-33S-31W

Meyers

*LEASE NAME

API NO.
(YR DRLD/PRE '67) -

WELL NO.

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

TYPE OF WELL
(OIL/GAS
INJ/WSW)WELL STATUS
(PROD/TA'D
ABANDONED)

2

15-175-20951

1980'

Circle 1320' Circle
FSL/FNL FEL/FWL

1320'

Circle
FEL/FWL

50

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.