

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

24-32S-32W SE NW
Effective Date of Transfer _____

Check Applicable Boxes:

[X] Oil Lease: No. of Wells 12 **
[] 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 _____ **

Lease Name #1 Reiss

C - SE-NW- Sec 24 T 32S R 32 W/E

Legal Description of Lease: Center of the
Southeast Northwest Sec. 24-32S-32W

County Seward

Production Zone(s) Lansing, Marmaton

Field Name _____ Injection Zone(s) _____

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 ☐ *SR*

Past Operator's License No. 3174 Contact Person: Donn Mason

Past Operator's Name and Address: Phone: 316-722-6238

Denmark Oil
970 Denmark
Wichita, KS 67212
Title _____
Signature [Signature]

New Operator's License No. 06230 Contact Person Bill Carlisle

New Operator's Name and Address Phone 316-624-1664

First National Oil, Inc.
23 East 11th Street
Liberal, Kansas 67901

Oil/Gas Purchaser _____
Date _____
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 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 _____
Date _____ Authorized Signature _____

