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

J.H.

****

Check Applicable Boxes:

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

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

** 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 Angell

Effective Date of Transfer 11-1-95

Lease Name ATKINSON 1-26

C - NE - NW - ___ Sec 26 T 32S R 29 W/E X

Legal Description of Lease: All of Section 26, T32S, R29W

County Meade

Production Zone(s) Morrow Sand

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 ☐ JR

****

Past Operator's License No. 30436 ✓

Past Operator's Name and Address:

Dallas Production Inc
4600 Greenville Ave
Dallas, TX 75206

Contact Person: Alan Ashley

Phone: 214-369-9266

Date 11-6-95

Title Reg. Adm.

Signature _____

****

New Operator's License No. 03399 ✓

New Operator's Name and Address
Farrar Pump and Supply Company, Inc
P O Box 209
Medicine Lodge, KS 67104

Contact Person Michael Farrar

Phone 316-886-3763

Oil/Gas Purchaser Texaco Trading & Transportation/ Twister Transmission Co

Date 11-13-95

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 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

P

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME ATKINSON

*LOCATION: C-NE-NW, Sec 26, T32S, R29W

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle FSL/FNL		Circle FEL/FWL	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
1-26	15-119-20201 ✓	660	FSL/FNL	1980	FEL/FWL	gas	prod
			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		

RECEIVED
STATE CORPORATION COMMISSION
NOV 20 1995

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one lease please file a separate sid two for each lea . If a lease covers more than one sectio lease indicate which section each well is ocated.