

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

PO 0167

Effective Date of Transfer 11/1/95

Check Applicable Boxes:

Lease Name Korte

[X] Oil Lease: No. of Wells 3

15 Sec. T 28 S R 7 ~~XXE~~

[] Gas Lease: No. of Wells 0

Legal Description of Lease: E 1/2

[X] Saltwater Disposal Well - Docket No. E-21191
Spot Location: 3418 feet from N/S Line
990 feet from E/W Line

County Butler

[] Enhanced Recovery Project Docket No.
Entire project: Yes/No
Number of injection wells 1

Production Zone(s) Mississippi

Injection Zone(s) Mississippi ✓

Field Name Brant-Sensabaugh

Surface Pond Permit #

Feet from N/S Line of Section

Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

RECEIVED
STATE CORPORATION COMMISSION

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

DEC 11 1995

Past Operator's License No. 6723 Contact Person: Don Baker

Past Operator's Name and Address:

Phone: 775-1045

Camio Oil Company

PO Box 308

Date November 13, 1995

Augusta, Kansas 67010

Signature [Signature]

New Operator's License No. 31781

Contact Person Vickie A. Myers

New Operator's Name and Address

Phone 316-541-2468

Integrity Oil

P.O. Box 324

Towanda KS. 67144

Oil/Gas Purchaser N.A.

Date 1-4-95

Title

Signature Vickie A. Myers

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.

Integrity Oil is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # E-21191. Recommended action

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

Date 2-19-96

Authorized Signature [Signature]

Date

Authorized Signature

Form T1 10/91