

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:

[] 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 Medicine Lodge - Boggs

Surface Pond Permit # _____
(API No. If Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 11/1/96

Lease Name Boggs J-1

- SE - NW NW Sec 4 T 33 R 12 W/EX

Legal Description of Lease: _____

NW/4 Sec 4-T33S-R12W

County Barber

Production Zone(s) Mississippi

Injection Zone(s) N/A

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 7207

Past Operator's Name and Address:

Joe A. Huitt Trust
320 South Boston - Suite 715
Tulsa, Oklahoma 74103
Title Trustee

New Operator's License No. 31994

New Operator's Name and Address

Baber Oil Company, L.L.C.
320 South Boston - Suite 1115
Tulsa, Oklahoma 74103

Title Manager

Contact Person: Charles S. Baber RECEIVED
KANSAS CORPORATION COMMISSION

Phone: (918) 592-3387

Date 1/7/97 JAN 09 1997

Signature Charles S. Baber CONSERVATION DIVISION
WICHITA, KS

Contact Person Charles S. Baber

Phone (918) 592-3387

Oil/Gas Purchaser Western Resources

Date 1/7/97

Signature Charles S. Baber

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record 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 _____

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

Date _____
Authorized Signature

Date _____
Authorized Signature

MUST BE FILED FOR ALL WELLS

*LEASE NAME

Boggs J-1

*LOCATION: NW/4 Sec 4--T33S-R12W

WELL 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)

#1

1955- #1500710259

990

Circle
FSL/FNL

990

Circle
FEL/FWL

Gas

Producing

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

*When transferring a unit which consists of more than one lease please file a separate side two for each section which contains more than one section. Indicate which section each well is located.