

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 **

Effective Date of Transfer 11/01/97

Lease Name Eden A 2-5

-E/2-W/2-NE sec 5 T33S R16 (W)E

Legal Description of Lease:

County Comanche

Production Zone(s) Mississippian

Injection Zone(s)

Field Name Shimer

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 ☐

Past Operator's License No. 31645 Contact Person: William Richardson

Phone: (303) 757-8811

Past Operator's Name and Address: JHS Energy, Inc.

1720 S Bellaire St, Ste 1209

Denver, CO 80222

Date November 14, 1997

Title Acquisition Manager Signature W. Richardson

New Operator's License No. 31465 Contact Person Trevor M. Lyons

Phone (918) 587-2497

New Operator's Name and Address Lyons & Lyons, Inc.

P.O. Box 14148

Tulsa, OK 74159

Oil/Gas Purchaser Kansas Gas Supply

Date

Title President Signature Trevor M. Lyons

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

_____ 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

Eden

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/MSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

*LOCATION: Comanche

A 2-5

15-033-20615

3960 Circle FSL/FNL 1650 Circle 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

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FSL/FNL FEL/FWL

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY