

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

RECEIVED
KANSAS CORP COMM

Check Applicable Boxes:

[] Oil Lease: No. of Wells 1999 DEC -6 ** 1:38

[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 Carpenter

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

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 12/1/99

Lease Name _____ Row _____

- C -N/2- SE Sec 30 T23S R 16 W/4

Legal Description of Lease: _____

SE/4

County Pawnee

Production Zone(s) Viola

Injection Zone(s) -

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

Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 6568 ✓ Contact Person: Charlotte Van Valkenburg

Past Operator's Name and Address: Phone: 918-491-4314

Kaiser-Francis Oil Company Date 12/3/99
P. O. Box 21468

Tulsa, OK 74121-1468 Signature C. Van Valkenburg
Title Technical Coordinator

New Operator's License No. 4058 ✓ Contact Person Cecil O'Brate

New Operator's Name and Address Phone 316-275-9231

American Warrior, Inc. Oil/Gas Purchaser Dynegy Midstream
P. O. Box 399

Garden City, KS 67846 Date 11-24-99

Title President Signature Cecil O'Brate

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

MUST BE FILED FOR ALL WELLS

*LEASE NAME _____ Row _____

*LOCATION: 30-23S-16W _____

WELL NO. _____
API NO. _____
(YR DRLD/PRE '67) _____

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INT/WSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

| | | | | | | | | | |
|--------------|--|---------|--|---------|--|-----|--|-------|--|
| 15-145-20222 | | 1980 | | 1320 | | Gas | | Prod. | |
| Spud 6/30/71 | | Circle | | Circle | | | | | |
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