

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

CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes:

Effective Date of Transfer 12-31-96

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

Lease Name Harrington C Gas Unit

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

- - - - SE Sec 21 T 34S R 26 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease:
S/2 NE/4 & SE/4 Sec.15-34S-26W; SE/4 & S
NE/4 Sec.21; N/2 N/2 Sec.22-34S-26W

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

County Meade

[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No
Number of injection wells _____ **

Production Zone(s) Mississippi

Field Name McKinney

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 ☐

Past Operator's License No. 31502

Contact Person: PATTY LEWANDOSKI

Past Operator's Name and Address:

Phone: 405/947-4399, ext 124

CoEnergy Operating Company
5400 N.Grand Blvd., Suite 305
Oklahoma City, OK 73112

Date 2-10-97

Title Jeffrey J. McDougall, Gen.Mgr.

Signature _____

New Operator's License No. 31577

Contact Person Patty Lewandoski

New Operator's Name and Address

Phone 405/947-4399, ext 124

MCNIC Oil & Gas Midcontinent, Inc.
5400 N.Grand Blvd., Suite 305
Oklahoma City, OK 73112

Oil/Gas Purchaser WESTERN RESOURCES

Date 2-10-97

Title Jeffrey J. McDougall, Gen.Mgr.

Signature _____

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorizatio
surface pond permit # _____ has been noted, approved and duly recorded in the recor
of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kans
Corporation Commission records only and does not convey any ownership interest in the abo
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 t
new operator of the above named lease containi
the surface pond permitted by # _____

Date _____
Authorized Signature

Date _____
Authorized Signature

Form T1 7,

MUST BE FILED FOR ALL WELLS

*LEASE NAME Harrington C Gas Unit

*LOCATION: Sec.21-34S-26W

	API NO.
WELL 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)

[illegible]

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 lease. If a lease covers more than one section please indicate which section each well is located.