

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

Effective Date of Transfer 01/01/1996

Check Applicable Boxes:

Lease Name Dees

[] Oil Lease: No. of Wells _____

E2-SE-SW Sec. 14 T 17 S. R. 09 (W/E)

[] Gas Lease: No. of Wells _____

Legal Description of Lease: _____
E/2 SE/4 SW/4 Section 14-T17S-R9W

[X] Saltwater Disposal Well - Docket No. D-20211
Spot Location: 660 feet from N/S Line
2970 feet from E/W Line

County Ellsworth

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

Production Zone(s) _____

Injection Zone(s) Arbuckle

Field Name _____

Surface Pond Permit # _____

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

Identify: Emergency Pit

Burn Pit

Storage Pit

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

Past Operator's License No. 5506

Contact Person: Debra K. Clingan

Past Operator's Name and Address:
Woolsey Petroleum Corporation
107 N. Market, Suite 600
Wichita, Kansas 67202-1807

Phone: (316) 267-4379

Date 01/26/1996

Title Vice-President

Signature Kay Woolsey
Kay Woolsey

New Operator's License No. 5047

Contact Person Cindi Intfen

New Operator's Name and Address
Rupe Oil Company, Inc.
P.O. Box 783010
Wichita, KS 67278-3010

Phone (316) 262-3748

Oil/Gas Purchaser NA

Date 1-30-96

Title _____
President

Signature _____
Glen N. Ruep

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

SIDE 2
T1 7/94

*LEASE NAME	Dees	*LOCATION: 14-T17S-R9W					
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)	
#2	15-053-20670	660	Circle FSL/FNL	2970	Circle FEL/FWL	inj	active
			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		
			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 lease.
If a lease covers more than one section please indicate which section each well is located.