

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

KDOR: 109757

Check Applicable Boxes:

Effective Date of Transfer 3/1/96

☒ Oil Lease: No. of Wells 1 **

Lease Name Hrabe A

☐ Gas Lease: No. of Wells **

 - - SW sec 7 T 8S R 17 (W/E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: SW/4

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

County Rocks

☐ Enhanced Recovery Proj. Docket No.

Entire project: Yes/No

Production Zone(s) Arb.

Number of injection wells **

Field Name Elm Creek

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. 5783

Contact Person: Jay H. Galloway

Past Operator's Name and Address:

Phone: 316-263-1793

Galloway Drilling Co., Inc.
105 S. Broadway, Suite 340
Wichita, KS 67202

Date

Title President

Signature J H Galloway

New Operator's License No. 5030

Contact Person W. R. Horgan

New Operator's Name and Address

Phone 316-682-1537

Vess Oil Corporation
8100 E. 22nd Street North, Bldg. 300 Oil/Gas Purchaser TEXACO
Wichita, KS 67226

Date 4/2/96

Title Operations Manager

Signature WR Horgan

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

Form T1 7/94

***LOCATION:** SW/4 Sec. 7-8S-17W

*LEASE NAME Hrabe A

WELL NO.	API NO.	(YR DRILD/PRE '67)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
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FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South

15-163-30236-0000
1966

1

330

~~Circle~~
FSL/FNL

4950

Circle
FEL/FWL

TYPE OF WELL	WELL STATUS
(OIL/GAS	(PROD/TA'D
INJ/WSW)	ABANDONED)

Prod

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.