

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

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

KDOR: 131860
Effective Date of Transfer 4/1/95

Check Applicable Boxes:

- Oil Lease: No. of Wells 1 **
- Gas Lease: No. of Wells _____ **
- ** 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 _____ **

Lease Name D.D. Dyche
-SE-SE sec 14 T27S.R10 W1/4

Legal Description of Lease: _____
SE of SE 14-27-10 Kingman
County Kingman
Production Zone(s) Viola

Field Name _____

Injection Zone(s) _____

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

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

Identify: Emergency Pit Burn Pit Storage Pit Drill Pit

Past Operator's License No. 30919

Contact Person: Bill Rowland

Past Operator's Name and Address:
DYCHE
Delaware Dyche Corp
720 N. Main
Wichita, Kansas

Phone: 669-0079

Date: 4/26/95

Signature: [Signature]

New Operator's License No. 31644

Contact Person Bill Rowland

New Operator's Name and Address:
Delaware Energy Corp
720 N. Main #410
Wichita, Kansas 67501

Phone 669-0079

Oil/Gas Purchaser Texaco

Date 4/26/95

Signature: [Signature]

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 _____

APR 2 1995
Form TI 7/9

