

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

Check Applicable Boxes:

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

[] Gas Lease: No. Of Wells _____ **

** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. D-19,026

Spot Location: 660 feet from N/S Line

660 feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

Entire Project: Yes/No

Number of Injection Wells _____ **

Field Name Dewald North

Surface Pond Permit # _____

(API No. If Drill Pit)

Identify: Emergency Pit _____ Burn Pit _____ Storage Pit _____ Drill Pit _____

Past Operator's License No. 5393

Past Operator's Name and Address:

A.L. Abercrombie, Inc.
150 N. Main - #801
Wichita, Kansas 67202

Title Executive Vice President

New Operator's License No. 32457

New Operator's Name and Address:

Abercrombie Energy, LLC
150 N. Main - #801
Wichita, Kansas 67202

Title President

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 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:

Effective Date of Transfer 5-1-99

Lease Name Strecker "A"

_____ Sec 6 T 19S R 21 W/E

Legal Description of Lease: _____

SW/4 Section 6-19S-21W

County Ness

Production Zone (s) Mississippian

Injection Zone (s) Viola

_____ feet from N/S Line of Section

_____ feet from E/W Line of Section

Contact Person: Steve Frankamp

Phone (316) 262-1841

Date 5-3-99

Signature Steve Frankamp

Contact Person: Steve Frankamp

Phone (316) 262-1841

Oil/Gas Purchaser NCRA

Date 5-3-99

Signature Steve Frankamp

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

CONSERVATION DIVISION
WICHITA, KANSAS

FORM T1 7/94

EP&R JR 7/28/99 PROD 7-22-99 UIC ME

