REQUEST FOR CHANGE OF OPERATOR STATE CORPORATION COMMISSION TRANSFER OF INJECTION AUTHORIZATION CONSERVATION DIVISION OR TRANSFER OF SURFACE POND PERMIT 200 COLORADO DERBY BLDG. \***\*** WICHITA, KS 67202 Effective Date of Transfer 10-1-92 Check Applicable Boxes: Lease Name DREILING "A" [X] Oil Lease: No. of Wells 2 31 Sec. T 9 S R 24 (W)E [ ] Gas Lease: No. of Wells \_\_\_\_\_ Legal Description of Lease: [ ] Saltwater Disposal Well - Docket No. NE/4 Spot Location: \_\_\_\_\_ feet from N/S Line \_\_\_\_\_feet from E/W Line County Graham [ ] Enhanced Recovery Project Docket No. Entire project: Yes/No Production Zone(s) LKC Number of injection wells Injection Zone(s) Field Name DREIL 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 <u>all</u> post-1967 wells transferred with lease: 15-065-20357 & 15-065-20380 Past Operator's License No. 5131 Contact Person: Burke B. Krueger Thunderbird Drilling, Inc. P. O. Box 780407 Date September 30, 1992, Wichita, KS 67278 Signature 4 \*\*\*\*\*\*\*\*\* Contact Person \_ Paul Bowmall

Past Operator's Name and Address: Phone: 316-685-1441 Title \_\_\_\_Vice President New Operator's License No. 3/008 New Operator's Name and Address Phone <u>113-434-203</u>3 PAUL BOWMAN O./ Bex 54 CODET KANSAG 67630 Oil/Gas Purchaser **Mob**./ Date /8-1-92 Title <u>owner</u> Signature Saul D. Bowman 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 # the surface pond parmitted by # 1992 inject fluids as authorized by Docket # | the surface pond permitted by # \_\_\_\_\_ Kansas \_\_\_\_\_. Recommended action Date \_\_\_\_\_Authorized Signature

Date

Authorized Signature

Form T1 10/91