

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

RECEIVED

JAN 09 2004

KCC WICHITA

DOR 115750

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

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

Field Name N. Burrton

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

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐ 432

Effective Date of Transfer 11-1-03

Lease Name Woody McElwain

Sec 2 T 24 R 4 WE

Legal Description of Lease: _____

NW-NE-NE

County Ren O

Production Zone(s) FEB 19 2004

Injection Zone(s) KCC WICHITA

Feet from N/S Line of Section

Feet from E/W Line of Section

Past Operator's License No. 5808 Contact Person: Beryl Grow

Past Operator's Name and Address: Phone: 620-663-6600

W.R. Allam
P.O. Box 2325
Hutchinson, KS. 67504

Date _____

Title _____ Signature Beryl Grow

New Operator's License No. 33324 Contact Person Beryl Grow

New Operator's Name and Address: Phone 620-663-6600

Allam Production Inc.
P.O. Box 2325
Hutchinson, KS. 67504

Oil/Gas Purchaser _____

Date 11-1-03

Title President Signature W.R. Allam

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 7/91

2/20/04 FEB 23 2004 2/20/04

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FEB 19 2004
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* 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.