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

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Check Applicable Boxes:

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

[ ] 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 _____**

Field Name _____

Effective Date of Transfer 01/01/97

Lease Name Hallman

__-__-__-SE Sec 9 T 34 R 6 W/E

Legal Description of Lease: SE/4
9-34 South-Range 6 West

County Harper

Production Zone(s) Kansas City (upper)

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 3954

Past Operator's Name and Address:
JAED Production Co., Inc.
P.O. Box 902
Arkansas City, Ks. 67005
Title Vice-President

Contact Person: Jay Warren

Phone: 316-442-0826

Date January 3, 1997

Signature Jay Warren V.P.

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New Operator's License No. 30481

New Operator's Name and Address
Apollo Energies, Inc.
734B North Four Wheel Drive
Kingman, KS. 67068

Title President

Contact Person Jim Byers

Phone 316-532-2390

Oil/Gas Purchaser _____

Date January 3, 1997

Signature Jim Byers

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ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization
surface pond permit # _____ has been noted, approved and duly recorded in the record
of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansa
Corporation Commission records only and does not convey any ownership interest in the abov
injection well(s) or pond permit.

_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # _____. Recommended action _____

Date _____ Authorized Signature

_____ is acknowledged as th
new operator of the above named lease containin
the surface pond permitted by # _____

Date _____ Authorized Signature

Form T1 7/9

T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Hallman *LOCATION: _____

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)				TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
			Circle		Circle		
#1			FSL/FNL		FEL/FWL	OIL	PROD
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

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.

K.C.C. Wichita Fax:316-337-6211 Aug 8 '95 12:46 P.01/02