

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

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

\*\*\*\*\*

Check Applicable Boxes:

Effective Date of Transfer 2/1/95

[ ] Oil Lease: No. of Wells \_\_\_\_\_ \*\*

Lease Name ROBERT DAVIES

[ *X* ] Gas Lease: No. of Wells 1 \*\*

- - - Sec 6 T 34s R 31 W/E

\*\* SIDE TWO MUST BE COMPLETED \*\*

Legal Description of Lease: S/2 NE &

[ ] Saltwater Disposal Well - Docket No. \_\_\_\_\_  
Spot Location: \_\_\_\_\_ feet from N/S Line  
\_\_\_\_\_ feet from E/W Line

SE NW & E/2 SW & SE & Lots 4,5,6 &

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

County Seward

Production Zone(s) Morrow

Field Name Arkalon

Injection Zone(s) \_\_\_\_\_

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 ☐

Past Operator's License No. 5267

Contact Person: DOUG SHIPMAN

Past operator's name and address:

MUSTANG OIL & GAS CORPORATION  
SUBSIDIARY OF GULF RESOURCES CORPORATION  
10,000 IH 10 WEST, SUITE 200  
SAN ANTONIO, TEXAS 78230

Phone: 210/558-3633

Date 2/21/95

Title TREASURER

Signature Douglas W. Shipman

New Operator's License No. 30481

Contact Person Jim Byers

New Operator's Name and Address

Phone 316-532-2390



APOLLO ENERGIES, INC.  
Jim Byers, President  
Rt. #1, Box 60  
Kingman, KS 67068

Oil/Gas Purchaser ANADARKO Pet. Corp

Date 5/2-95

Title Jim Byers President

Signature Jim Byers

**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 \_\_\_\_\_



MUST BE FILED FOR ALL WELLS

\*LEASE NAME \_\_\_\_\_

\*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 FSL/FNL _____	Circle 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 _____	_____	_____
_____	_____	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.