

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

PO 3057

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 5 **

☐ 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. E-23,244

Entire project: Yes/No

Number of injection wells 1 **

Field Name Eakin NW

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

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

Past Operator's License No. 5783

Past Operator's Name and Address:

Galloway Drilling Co., Inc.
105 S. Broadway, Suite 340
Wichita, KS 67202

Title President

New Operator's License No. 5030

New Operator's Name and Address

Vess Oil Corporation
8100 E. 22nd Street North, Bldg. 300
Wichita, KS 67226

Title Operations Manager

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 _____

Date _____
Authorized Signature _____

Effective Date of Transfer 3/1/96

Lease Name Blount

_____ E/2 Sec 22 T 21 R 21 (W/E)

Legal Description of Lease: _____

E/2

County Hodgeman

Production Zone(s) Miss.

Injection Zone(s) Miss.

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Contact Person: Jay H. Galloway

Phone: 316-263-1793

Date _____

Signature _____

Contact Person W. R. Horgan

Phone 316-682-1537

Oil/Gas Purchaser TEXACO

Date 4/2/96

Signature W R Horgan

Date _____
Authorized Signature _____

