

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

Check Applicable Boxes:

[X] Oil Lease: No. of Wells 2 **

[] Gas Lease: No. of Wells _____ **

** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. D-12,411
Spot Location: 660 feet from N/S Line } PDC
3300 feet from E/W Line } WellsF
SWD

[] Enhanced Recovery Proj. Docket No. _____
Entire Project: Yes/No _____
Number of Injection Wells _____ **

Effective Date of Transfer 4-1-98
Lease Name WELLS "DE"
- - - - - Sec 25 T 20S R 21 W

Legal Description of Lease: _____

SW/4

County Ness

Production Zone(s) Miss

Field Name Steffen West

Injection Zone(s) Topeka

Surface Pond Permit # _____

(API No. If Drill Pit)

Identify: Emergency Pit _____ Burn Pit _____ Storage Pit _____ Drill Pit _____

Past Operator's License No. 05123 ✓

Past Operator's name and address:

Pickrell Drilling Co., Inc.
110 N. Market, Suite 205
Wichita, KS 67202

Contact Person: Steve Dillard

Phone: (316) 262-8427

Date: 4/6/98

Title V. P. & Production Engineer ✓

Signature: Jack Gurley X

New Operator's License No. 32000 ✓

New Operator's Name and Address:

ALB, Inc.
Box 173
Great Bend, KS 67530

Contact Person: Craig Biggs

Phone: (316) 793-8366

Oil/Gas Purchaser Texaco Trading & Trans.

Date: 7-15-98

Title President

Signature: Craig Biggs

ACKNOWLEDGMENT 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 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

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

Date _____

Authorized Signature

* LOCATION. *Su/4 Sec 25-205-21d*

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

WELL STATUS
(PROD/TAD
ABANDONED)

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.