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:

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

[ ] Gas Lease: No. of Wells _____ **
** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. D-20,253
Spot Location: 2970 feet from N/(S) Line
2970 feet from (E)/W Line

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

Field Name Haynesville North

Effective Date of Transfer 4-01-99

Lease Name Shriver

__-__-__-__ Sec 16 T 26S R 11 (W)/E

Legal Description of Lease: _____

NW/4 Section 16-26S-11W

County Pratt

Production Zone(s) N/A

Injection Zone(s) Arbuckle

****

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. 5027

Past Operator's Name and Address:
Allison Operating Company,LC
300 W. Douglas - #305
Wichita, KS 67202-2975

Title Manager

Contact Person: Frances Erhard

Phone: (316) 263-2241

Date 4-15-99

Signature Frances O. Erhard

****

New Operator's License No. 5393

New Operator's Name and Address

A.L. Abercrombie, Inc.
150 N. Main - #801
Wichita, KS 67202

Title Executive Vice President

Contact Person Steve Frankamp

Phone (316) 262-1841

Oil/Gas Purchaser N/A

Date 4-15-99

Signature Steve Frankamp

RECEIVED
KANSAS CORPORATION COMMISSION
APR 26 1999
CONSERVATION DIVISION
WICHITA, KS

****

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

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

Date _____ _____
Authorized Signature

Form T1 7/94

EPR

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Shriver *LOCATION: 16-26S-11W

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	15-151-20,712	2970	(FSL)/FNL	2970	(FEL)/FWL	Inj	Inj
			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.