

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 _____ **

Effective Date of Transfer 4-01-99

Lease Name Shriver *ME*

_____-_____-_____- 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

Field Name Haynesville North

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 ☐ *S*

Past Operator's License No. 5027

Contact Person: Francis Erhard

Past Operator's Name and Address:

Allison Operating Company, LC

300 W. Douglas - #305

Wichita, KS 67202-2975

Phone: (316) 263-2241

Date 4-15-99

Title Manager

Signature Francis O. Erhard

New Operator's License No. 5393

Contact Person Steve Frankamp

New Operator's Name and Address

A.L. Abercrombie, Inc.

150 N. Main - #801

Wichita, KS 67202

Phone (316) 262-1841

Oil/Gas Purchaser N/A

Date 4-15-99

Title Executive Vice President

Signature Steve Frankamp

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 _____

MUST BE FILED FOR ALL WELLS

*LEASE NAME

Shriver

*LOCATION: 16-26S-11W

WELL NO.	API NO.	(YR DRLD/PRE '67) -
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
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FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)

[illegible]

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.