

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 _____ **

[X] Gas Lease: No. Of Wells 1 **

** 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. _____

Entire Project: Yes/No

Number of Injection Wells _____ **

Field Name Allstott

Surface Pond Permit # _____

(API No. If Drill Pit)

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

Past Operator's License No. 5393 ✓

Effective Date of Transfer 5-1-99

Lease Name Einsel Gas Unit

_____-_____-_____- Sec 11&12 T 28S R 18 (W/E)

Legal Description of Lease: See Attached Sheet

County Kiowa

Production Zone (s) LKC

Injection Zone (s) _____

_____ feet from N/S Line of Section

_____ feet from E/W Line of Section

Contact Person: Steve Frankamp

Past Operator's Name and Address:

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

Phone (316) 262-1841

Date 5-3-99

Signature Steve Frankamp

Title Executive Vice President

New Operator's License No. 32457 ✓

Contact Person: Steve Frankamp

Phone (316) 262-1841

Oil/Gas Purchaser Kansas Gas Supply

Date 5-3-99

Signature Steve Frankamp

New Operator's Name and Address:

Abercrombie Energy, LLC
150 N. Main - #801
Wichita, Kansas 67202

Title President

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 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 # _____. Recommended action: _____

Date _____

Authorized Signature _____

Date _____

Authorized Signature _____

CONSERVATION DIVISION
Wichita, Kansas

FORM T1 7/94

MUST BE FILED FOR ALL WELLS

*Lease Name	Einsel Gas Unit	*Location:	11&12-28S-18W

WELL NO.	API NO.	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	TYPE OF WELL (Oil/Gas/Inj/WSW)	WELL STATUS (Prod/TA'd/Abandoned)
	(Yr. Drld/Pre '67)			

[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.

**Einsel Gas Unit
Section 11&12-28S-18W
Kiowa County, Kansas**

**Legal Description of Lease:
Unit as follows:**

NE/4 Section 11-28S-18W

E/2 SE Section 11-28S-18W

NW/4 Section 12-28S-18W

S/2 SW Section 12-28S-18W

NW SW Section 12-28S-18W

RECEIVED
STATE CORPORATION COMMISSION

MAY 16 1999

CONSERVATION DIVISION
Wichita, Kansas