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** 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

Effective Date of Transfer 5-1-99

Lease Name Gamble Gas Unit

___-___-___-___ **Sec** 10&11 **T** 28S **R** 18 [✓ **W**]/**E**

Legal Description of Lease: See Attached Sheet

County Kiowa

Production Zone (s) Mississippian

Injection Zone (s) ______

****

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. 5393 ✓

Past Operator's Name and Address:

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

Title Executive Vice President

Contact Person: Steve Frankamp

Phone (316) 262-1841

Date 5-3-99

Signature Steve Frankamp

****

New Operator's License No. 32457 ✓

New Operator's Name and Address:

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

Title President

Contact Person: Steve Frankamp

Phone (316) 262-1841

Oil/Gas Purchaser Kansas Gas Supply

Date 5-3-99

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 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 ______

RECEIVED
STATE CORPORATION COMMISSION
MAY 0 6 1999
CONSERVATION DIVISION
Wichita, Kansas

FORM T1 7/94

EP&R VR **PROD** JH **UIC** ______

SIDE 2
FORM T1 7/94

MUST BE FILED FOR ALL WELLS

*Lease Name **Gamble Gas Unit** *Location: **10&11-28S-18W**

WELL NO.	API NO. (Yr. Drld/Pre '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle		Circle	TYPE OF WELL (Oil/Gas/Inj/WSW)	WELL STATUS (Prod/TA'd/Abandoned)
#1 (Sec 11)	**15-097-20,202**	**1980**	[✓ FSL]/FNL	**2640**	[✓ FEL]/FWL	**Gas**	**Prod**
			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		
			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.

Gamble Gas Unit
Section 10&11-28S-18W
Kiowa County, Kansas

Legal Description of Lease:
Unit as follows:

SE/4 Section 10-28S-18W

N/2 SW Section 10-28S-18W

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

W/2 SW Section 11-28S-18W