

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 6 **

[] Gas Lease: No. of Wells **

** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. E-25,754
Spot Location: 330 feet from N/S Line
1650 feet from E/W Line

[] Enhanced Recovery Proj. Docket No.

Entire project: Yes/No

Number of injection wells **

Effective Date of Transfer 6-1-98 *ME*

Lease Name KUEHN

 - - Sec 4 T 17S R 27 W/E

Legal Description of Lease:

SOUTHWEST QUARTER (SW/4) 4-17S-27W

County LANE

Production Zone(s) Lansing-KC, Cherokee

Field Name SELFIDGE

Injection Zone(s) Lansing-KC

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. 5285 ✓

Contact Person: Dane G. Bales

Past Operator's Name and Address:

DANE G. HANSEN TRUST

P. O. Box 187

Logan County, KS 67646-0187

Title Manager

Phone: (913) 689-4816

Date 5/20/98

Signature *Dane G. Bales*

New Operator's License No. 5393 ✓

Contact Person Steve Frankamp

New Operator's Name and Address

A. L. ABERCROMBIE, INC.

150 N. Main, Suite 801

Wichita, KS 67202-1383

Phone (316) 262-1841

Oil/Gas Purchaser KOCH OIL COMPANY

Date 5/15/98

Signature *Steve Frankamp*

Title Executive Vice 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 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

MUST BE FILED FOR ALL WELLS

*LEASE NAME KUEHN

*LOCATION: SW/4 4-17S-27W

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)		
#1	15-101-20,439	330	Circle FSL/FNL	1650	Circle FEL/FWL	INJ	PROD
#2	15-101-20,485	330	FSL/FNL	4620	FEL/FWL	OIL	PROD
#3	15-101-20,534	990	FSL/FNL	3960	FEL/FWL	OIL	PROD
#4	15-101-20,538	990	FSL/FNL	2970	FEL/FWL	OIL	PROD
#5	15-101-20,610	330	FSL/FNL	330	FEL/FWL	OIL	PROD
#6	15-101-20,621	990	1650 FSL/FNL	330	FEL/FWL	OIL	PROD
#7	15-101-20,960	1650	FSL/FNL	3960	FEL/FWL	OIL	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		

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.