

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 Carver Robbins

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. 5331

Contact Person: SHERYL Y. DEEM

Past Operator's Name and Address:

BRADEN-DEEM, INC.

8100 E. 22ND ST. N, BLDG. 1800

WICHITA, KANSAS 67226

Phone: (316) 685-6464

Date May 20, 1998

Title PRESIDENT

Signature *Meryl Y. Deem*

New Operator's License No. 31142

Contact Person JIM THATCHER

New Operator's Name and Address

PETROLEUM PROPERTY SERVICES, INC.

155 N. MARKET, SUITE 1010

WICHITA, KANSAS 67202-1824

Phone (316) 265-3351

Oil/Gas Purchaser ONEOK Gas Marketing

Date May 20, 1998

Title PRESIDENT

Signature *Jim Thatcher*

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization surface pond permit # _____ has been noted, approved and duly recorded in the record 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 _____

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

Date _____
Authorized Signature _____

Date _____
Authorized Signature EPR

