

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT SKP

KANSAS CORPORATION COMMISSION 84.
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 _____ **

Effective Date of Transfer 6-12-95

Lease Name Roehr #1-8

_____-_____-_____- Sec 8 T 32 R 31 W XX

Legal Description of Lease: _____

SE

County Seward

Production Zone(s) Morrow

Field Name _____ Injection Zone(s) _____

Surface Pond Permit # N/A _____ Feet from N/S Line of Section

(API No. If Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 03908 Contact Person: Vicki Williams

Past Operator's Name and Address: Phone: (405)478-4914

Parker & Parsley Development L.P. Date 5/15/95

9400 North Broadway, Ste. 640 Signature Vicki Williams

Oklahoma City, Oklahoma 73114-7433

Title Production Analyst *****

New Operator's License No. 31733 Contact Person Michael J. Grella

New Operator's Name and Address Phone (915)683-3092

Costilla Petroleum Corporation XX Oil/Gas Purchaser Panhandle Eastern Pipeline

P.O. Box 10369 Date June 12, 1995

Midland, Texas 79702 Signature [Signature]

Title _____

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 _____

Date _____ Authorized Signature _____

Form T1 7/94