

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 Angell

Surface Pond Permit # \_\_\_\_\_

(API No. If Drill Pit)

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 7569

Contact Person: Bill Kellenberger

Past Operator's Name and Address:

Kelloil, Inc.

6300 Ridglea Place, Suite 916

Fort Worth, TX 76116

Title President

Phone: (817) 377-0044

Date Sept 19-1996

Signature Bill Kellenberger

New Operator's License No. 31933

Contact Person Mark Klein

New Operator's Name and Address

M.E. Klein & Associates, Inc.

3750 W. Main, Suite AA

Norman, OK 73072

Phone (405) 321-7171

Oil/Gas Purchaser Twister Gas Services

Date 9/16/96

Signature Mark Klein

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 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

**\*LOCATION:**

FOOTAGE FROM SECTION LINE  
(i.e. FSL=feet from South Line)

WELL STATUS  
(PROD/TA'D  
ABANDONED)

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY