

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:

Effective Date of Transfer 8/1/95

[] Oil Lease: No. of Wells _____ **

Lease Name FRUIT

[X] Gas Lease: No. of Wells 1 **

____ - ____ - ____ Sec 13 T 27 R 16 W W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: SW/4

[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

County Kiowa

[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No
Number of injection wells _____ **

Production Zone(s) Mississippi

Field Name Carver/Robbins/Fruit

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 JR

✓ Past Operator's License No. 05414
Past operator's name and address:

Contact Person: J. Mark Richardson

J. Mark Richardson
155 N. Market, Suite 840
Wichita, KS 67202

Phone: (316) 262-3192

✓ Date 8-8-95

✓ Title Owner

Signature J. Mark Richardson

New Operator's License No. 30481

Contact Person Jim Byers

New Operator's Name and Address
Apollo Energies, Inc
734 B N. 4-Wheel Dr
Kingsman, KS 67068

Phone 316-532-2390

Oil/Gas Purchaser _____

Date 10-11-95

Title Jim Byers Pres

Signature Jim Byers

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 _____

_____ as the new operator of the above named lease containing the surface pond permitted by # R 1995

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

RECEIVED
STATE OF KANSAS
CONSERVATION DIVISION
Wichita, Kansas

MUST BE FILED FOR ALL WELLS

SIDE 2
T1 7/94

*LEASE NAME _____

*LOCATION: _____

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)
_____	Circle FSL/FNL _____	Circle 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.