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

P04332

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Check Applicable Boxes:

Effective Date of Transfer 8/1/95

[x] Oil Lease: No. of Wells 1 **

Lease Name NORTH A

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

__-__-__-__ Sec 8 T 20 R 21 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: NE/4

[x] Saltwater Disposal Well - Docket No. D-15,859
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 _____ **

County Ness

Production Zone(s) Mississippi

Field Name Betz W.

Injection Zone(s) _____

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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 ☐

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✓Past Operator's License No. 31142

Contact Person: Jim Thatcher

Past operator's name and address:
Petroleum Property Services, Inc.
155 N. Market, #1010
Wichita, KS 67202-1824

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 21 1996
CONSERVATION DIVISION
WICHITA, KS

Phone: (316) 265-3351

✓Date 5/3/95

Title President

✓Signature Jim Thatcher

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New Operator's License No. 30083 ✓

Contact Person Brian Gobel

New Operator's Name and Address
G.A.B.S. Oil Co
1005 S. School
Ness City KS 67560

Phone (913)-798-3115

Oil/Gas Purchaser NCRA

Date 8-30-95

Title Managing Partner

Signature Brian Gobel

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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

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MUST BE FILED FOR ALL WELLS

*LEASE NAME _____ *LOCATION: _____

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)
			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		

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.