14	
REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATIO OR TRANSFER OF SURFACE POND PERMIT	N CONSERVATION DIVISION
***********	"ICHILA, KANSAS 6/202
Check Applicable Boxes:	Effective Date of Transfer
[X] Oil Lease: No. of Wells 3 **	Lease NameFRENCH
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	Sec_7 T_29S R_6 F
[] Saltwater Disposal Well - Docket No.	Legal Description of Lease:
Spot Location: feet from N/ feet from E/	S Line The West Half (W/2)
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No	County Butler ·
Number of injection wells E-24997 **	Production Zone(s) Mississippi
Fieid Name	Injection Zone(s) Balow Miss.
Surface Pond Permit #	
(API No. If Drill P	
Identify: Emergency Pit Burn Pit	Storage Pit D' Drill Pit .
***********	*************
Past Operator's License No. 9006	Contact Person: H. R. Michaelis
Past Operator's Name and Address.	Mharra and an
Past Operator's Name and Address: Phoenix Oil Corporation	•
P. O. Box 247	Date <u>April 23, 1996</u>
Wichita, KS 67201	The Asia Comment
Title President	Signature
New Operator's License No. 31716	**************************************
New Operator's Name and Address RECEIVED	Phone (913) 798-2588 KANSAS CORPORATION COMMISSION
604 S. Topeka KCC DISTRICT #2	Oil/Gas Purchaser FARMLAND ADR 30 1909
Ness City, KS 67560 OCT 0 3 1996	Date 4-28,96/
Title President WICHITA, KS	Signature Wishing Signature
***********	**********
	request for transfer of injection authorization,
surface pond permit # has bee	n noted, approved and duly recorded in the records
of the Kansas Corporation Commission. The	is acknowledgement of transfer pertains to vancas
corporation commission records only and do	es not convey any ownership interest in the above
Injection well(s) or pond permit.	·
Spradco, Inc. is acknowledged	is acknowledged as the
as the new operator and may continue to	new operator of the above named lease containing
inject fluids as authorized by Docket # 5-24,997. Recommended action	the surface pond permitted by #
Date 10-2-96 Cam Side	Date
Authorized Signature	Authorized Signature Form T1 7/94
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