

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

KANSAS CORPORATION COMMISSION  
CONSERVATION DIVISION *NEM*  
130 S MARKET, ROOM 2078  
WICHITA, KANSAS 67202  
113097\_Drosselmeyer.pdf

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*KDOR: 107404*  
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Check Applicable Boxes:

[X] Oil Lease: No. of Wells 1 \*\*

[ ] Gas Lease: No. of Wells \_\_\_\_\_ \*\*

\*\* 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 HeDRICK

Surface Pond Permit # \_\_\_\_\_  
(API No. If Drill Pit) \_\_\_\_\_

Identify: Emergency Pit  Burn Pit

Storage Pit  Drill Pit

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Past Operator's License No. 9827 ✓

Past Operator's Name and Address:  
Conners Pumping Service Inc.  
234 W. E  
Kingman, KS 67068

Contact Person: Carl A. Conners

Phone: (316) 532-2055

Date 11/30/97

Title President

Signature Carl A. Conners

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New Operator's License No. 32009 ✓

Contact Person Mark Schmidtberger

Phone (316) 542-3352

New Operator's Name and Address  
SPS, Inc.  
Box 358  
Cheney, KS 67025

Oil/Gas Purchaser Scurlock Permian

Date 11/30/97

Title President

Signature Mark Schmidtberger

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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 \_\_\_\_\_

\_\_\_\_\_ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # \_\_\_\_\_.

Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

