

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 _____ **

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

** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. D-23,722

Spot Location: 1650 feet from N/S Line
3630 feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

Entire project: Yes/No

Number of injection wells _____ **

Field Name Helene

Surface Pond Permit # _____

(API No. If Drill Pit)

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 306100

Past Operator's Name and Address:

Bob's Oil Service
504 N. Main
Ellinwood, KS 67526

Title Owner/Operator

New Operator's License No. 32408

New Operator's Name and Address

Bob's Oil Service, Inc.
504 N. Main
Ellinwood, KS 67526

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 _____

Effective Date of Transfer 12/01/98

Lease Name Teichmann NE

SW - NE-SW - _____ Sec 16 T 22S R 12 W EX

Legal Description of Lease: _____

SW NE SW 16-22S-12W

County Stafford

Production Zone(s) _____

Injection Zone(s) _____

Feet from N/S Line of Section

Feet from E/W Line of Section

Contact Person: Bob Long

Phone: 316-564-3070

Date 12-4-98

Signature Bob Long

Contact Person Bob Long

Phone 316-564-3070

Oil/Gas Purchaser _____

Date 12-4-98

Signature Bob Long

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

Date _____
Authorized Signature _____

*LOCATION:

API NO.
(YR DRLD/PRE '67) *

TYPE OF WELL
(OIL/GAS)

(OIL/GAS
INJ/MSW)

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
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_____ FSL/FNL _____ FSL/FNL

_____ FEB/FND _____ FEB/FND

	FBI/DOJ
	FBI/DOJ

— 100/100 —

— — — — —

FSL/FNL _____ **FEL/FWL** _____

*When transferring a unit which consists of more than one lease please file a separate side two for