NOTIFICATION OF PRODUCT CHANGE

This is to notify the Kansas Department of Health and Environment, as required by K.A.R. 28-45-12 (i), that the type of product stored in the following underground hydrocarbon storage cavern is being changed from _____ to _____. The approximate date of this change is _____.
(Month/Year)

Company Name:_____

Facility Name: _____

Storage Well #: _____

Well Location: _____

Compatibility of product types

_____ There will be no significant effect on cavern, casing, wellhead, or tubing

_____ Specific gravity/vapor pressure: current product_____/_____ and new product_____/_____.

Maximum Operating Pressure Change for Conversion Wells

Well number:	
Product interface depth (when full):	Tubing depth:
Product vapor pressure:	Brine pressure at wellhead:
Casing shoe depth:	Maximum allowable wellhead pressure:
Allowable casing shoe gradient:	Interface pressure:

I, _____ (authorized signatory per K.A.R. 28-45-9a), representing _____ (company name) certify that the compatibility of the product types and the affect of the pressure changes will not adversely affect the wellhead casing, tubing and cavern.