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

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Check Applicable Boxes:

Effective Date of Transfer 6/1/95

[X] Oil Lease: No. of Wells 2 **

Lease Name BARRY D

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

__ - __ - __ - __ Sec 11 T 9S R 19W W/E

** SIDE TWO MUST BE COMPLETED **

[ ] Saltwater Disposal Well - Docket No. ____

Spot Location: ____ feet from N/S Line

____ feet from E/W Line

Legal Description of Lease: 160 AC

NE SEC 11-9S-19W

[ ] Enhanced Recovery Proj. Docket No ____

Entire project: [ ] Yes [ ] No

Number of injection wells ____ **

County ROOKS

Production Zone(s) LKC, ARB

Field Name BARRY

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 [ ] SCT

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Past Operator's License No. 5229

Contact Person: J.F. Mitchell

Past Operator's Name and Address
Phillips Petroleum Company
P.O. Box 1967
Houston, Texas 77251-1967

Phone (713)669-3509

Date 10/2/95

Title Director, Regulatory Compliance

Signature Jack Mitchell

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New Operator's License No. 9312

Contact Person: Greg Copeland

RECEIVED
KANSAS CORPORATION COMMISSION

New Operator's Name and Address
EQUINOX OIL COMPANY, INC.
10077 Grogans Mill Road, Suite 475
The Woodlands, Texas 77380

Phone 713/364-7037

OCT 05 1995

Oil/Gas Purchaser ____

Date 10/2/95

CONSERVATION DIVISION
WICHITA, KS

Title Executive Vice President

Signature Stephen D Peyton

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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

MUST BE FILED FOR ALL WELLS

* LEASE NAME BARRY D

* LOCATION: NE SEC 11-9S-19W

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	Circle		
4	1516311165	____ FSL/FNL	____ FEL/FWL	OIL	PROD
5	1516311431	____ FSL/FNL	____ FEL/FWL	OIL	PROD
		____ 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.