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

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 SOUTH MARKET, ROOM 2078
WICHITA, KANSAS 67202

063098_Hostettler.pdf

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Check Applicable Boxes

[X] Oil Lease: No. of Wells 2

[ ] Gas Lease: No. of Wells _____

[ ] Saltwater Disposal Well
Docket Number _____
Spot Location: ____ feet from N/S Line
____ feet from E/W Line

[ ] Enhanced Recovery Proj.
Docket Number _____
Entire Project: YES/NO
Number of Injection Wells _____

Field Name Spivey Grabs

Effective Date Of Transfer 6/30/98

Lease Name Hostettler

__-__-__-__ Sec 19-T30S-R8W

Legal Description of Lease SESE SECTION 19 & NWNE SECTION 30

County Kingman

Production Zones Mississippi Chat

Injection Zones _____

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Surface Pond Permit # _____
(API# 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

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Past Operator's License No. 5615 ✓

Past Operator's Name and Address:
UMC Petroleum Corporation
410 17th Street, Suite 1400
Denver, Colorado 80202
Title Regulatory Coordinator

Contact Person: Scott M. Webb

Phone: (303) 573-5100

Date 9/25/98

Signature _____

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New Operator's License No. 5615 ✓

New Operator's Name and Address
Ocean Energy Resources, Inc
410 17th Street, Suite 1400
Denver, Colorado 80202

Title Regulatory Coordinator

Contact Person Scott M. Webb

Phone (303) 573-5100

Oil/Gas Purchaser Texaco Trading and Trans.

Date 9/25/98

Signature _____

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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

1265

MUST BE FILED FOR ALL WELLS

*Lease Name Hostettler

*Location Kingman County

Well #	API#/ Year Drilled, Pre 67	Footage From Section Line		Type Of Well	Status
2-1 ✓	2/4/56 15-095-19058 Sec 19	990' FEL	990' FSL	OIL	TA
2-2 ✓	12/7/57 Sec 30 095-19059	2310' FEL	2310' FSL	OIL	TA