

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_Kiger.pdf

Check Applicable Boxes

Effective Date Of Transfer 6/30/98

[X] Oil Lease: No. of Wells 1

Lease Name Kiger

[] Gas Lease: No. of Wells _____

____-SW-____-SE Sec 27-T30S-R8W

[] Saltwater Disposal Well

Legal Description of Lease SE/4 Section 27

Docket Number _____

Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

County Kingman

[] Enhanced Recovery Proj.

Production Zones Mississippi Chat

Docket Number _____

Entire Project: YES/NO

Number of Injection Wells _____

Injection Zones _____

Field Name Spivey Grabs

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 ☒

Past Operator's License No. 5615 ✓

Contact Person: Scott M. Webb

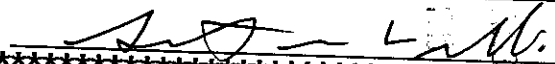
Past Operator's Name and Address:

UMC Petroleum Corporation
410 17th Street, Suite 1400
Denver, Colorado 80202

Phone: (303) 573-5100

Date 9/25/98

Title Regulatory Coordinator

Signature 

New Operator's License No. 5615 ✓

Contact Person Scott M. Webb

New Operator's Name and Address

Ocean Energy Resources, Inc
410 17th Street, Suite 1400
Denver, Colorado 80202

Phone (303) 573-5100

Oil/Gas Purchaser Trident

Date 9/25/98

Signature 

Title Regulatory Coordinator

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 _____

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*Lease Name Kiger

*Location Kingman County

Well #	API#/ Year Drilled, Pre 67	Footage From Section Line		Type Of Well	Status
1 ✓	8/26/54 1509500907	330' FSL	330' FWL	GAS	PROD.