

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

Check Applicable Boxes

Effective Date Of Transfer 063098 Tjaden_H.pdf
6/30/98

[x] Oil Lease: No. of Wells 3

Lease Name Tjaden "H"

[] Gas Lease: No. of Wells _____

_____ Sec 22-T30S-R8W

[] Saltwater Disposal Well

Legal Description of Lease SW/4 Section 22

Docket Number _____

Spot Location: _____ feet from N/S Line

County Kingman

_____ feet from E/W Line

Production Zones Mississippi Chat

[] Enhanced Recovery Proj.

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

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 _____

Date 9/25/98

Title Regulatory Coordinator

Signature _____

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 Tjaden "H"

*Location Kingman County

Well #	API# / Year Drilled, Footage From Section Line Pre 67	Type Of Well	Status
1 ✓	4/7/55 15-045-00099 330' FSL 990' FWL	OIL	PROD.
2 ✓	1/21/66 099-30032 430' FSL 365' FEL	OIL	PROD.
3 ✓	9/4/85 15-095-21543 330' FWL 4950' FNL	OIL	PROD.