TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	T 200 COLORADO DERBY BLDG. ** WICHITA, KS 67202
Effective Date of Transfer 8-1-94	PDOR: 117 a 30 Check Applicable Boxes:
Lease Name Sharp	080194_Sharp.pdf [X] Oil Lease: No. of Wells
5 Sec. T 26 S R 16 W/F	[ ] Gas Lease: No. of Wells
Legal Description of Lease:  Lot one(i) through twenty four (24)  Block #Six(b) Todosite of trousde  County <u>Edward's</u> Production Zone(s) <u>Hinderhook</u>	[ ] Saltwater Disposal Well - Docket No.  Spot Location: feet from N/S Line feet from E/W Line [ ] Enhanced Recovery Project Docket No. Entire project: Yes/No Number of injection wells
Injection Zone(s)	Field Name
	Feet from N/S Line of Section Feet from E/W Line of Section
Identify: Emergency Pit Burn Pit	Storage Pit
List API#'s on <u>all</u> post-1967 wells transferred with lease:	
******	* <del>******************</del>
Past Operator's License No. 3521	Contact Person: Mike Spain
Past Operator's Name and Address:  RANGEN Petrolette CONP	Phone: 3/6 554-0424
120 WITE	Date 8-22-95 STATE CORPURATION COMMUNICATION COMPORTATION COMPRICATION COMPRICATION COMPRICATION COMPRICATION COMP
Title President	Signature Maho Apa: AUG 2 8 1995
New Operator's License No. 31398	Contact Person Wilbur Gibson
New Operator's Name and Address	Phone316-995-3761
Gibson Oil R.R. Box 30	Oil/Gas Purchaser Clear Creek
Belpre, Ks. 67519	Date
Title ************************************	Signature Wilbur Libon
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 $\#$
DateAuthorized Signature	Date
Addition 12ed Signature	Authorized Signature Form T1 10/91

STATE CORPORATION COMMISSION

REQUEST FOR CHANGE OF OPERATOR

TRANSFER OF INJECTION AUTHORIZATION