110196\_Krankenberg.pdf

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  Effective Date of Transfer November 1, 1996  Lease Name Krankenberg					
Check Applicable Boxes:						
X Oil Lease: No. of Wells **						
Gas Lease: No. of Wells**  ** SIDE TWO MUST BE COMPLETED **	C-NW/4-NE/4 9 24 South 23 West  Quarter - Quarter Section Township Range					
Saltwater Disposal Well - Docket No feet from Line	Legal Description of Lease:					
feet fromLine	County Hodgeman					
Enhanced Recovery Proj. Docket No.  Entire project: Yes No  Number of Injection Wells **	Production Zone (s) Mississippi					
Field Name Krank	Injection Zone (s)					
Surface Pond Permit #(API No. If Drill Pit)	Feet from Line of Section Feet from Line of Section					
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit A					
Past Operator's License No31653	Contact Person: Randall K. Arnold					
Past Operator's Name and Address:	Phone:(303) 757-8431					
Buffalo Operating LLC 1720 South Bellaire Street - Penthouse Suite Denver, Colorado 80222-4304	Date:December 9, 1996					
Title: Manager	Signature: Kandell Kanold					
New Operator's License No. 31645	Contact Person: William E. Richardson					
New Operator's Name and Address:	Phone:(303) 757-8811					
JHS Energy, Incorporated 1720 South Bellaire Street - Suite 1209	Oil/Gas Purchaser: NCRA					
Denver, Colorado 80222-4304	Date: December 9, 1996					
Title: Acquisition Manager	Signature: W. Rubends					
permit #has been noted, a	request for transfer of injection authorization, surface pond approved and duly recorded in the record of the Kansas insfer pertains to Kansas Corporation Commission records we injection well(s) or pond permit.					
is acknowledged	is acknowledged as the					
as the new operator and may continue to inject	new operator of the above named lease containing the					
fluids as authorized by Docket #	surface pond permitted by #					
Recommended action						
Date:	Date:					
Date: Authorized Signature	Authorized Signature Form T1 7/					

* LEASE NAME	Krankenberg	* LOC	CATION:	Section	on 9: T24S-R23W		
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)
11	15-083-20,404	660	FNL	1980	FEL	OIL	PROD
			FSL / FNL		FEL / FWL		
2	15-083-20,409	1320	FNL	1320	FEL	OIL	PROD
			FSL / FNL		FEL / FWL		
		C (**1.0.*********************************	FSL / FNL		FEL / FWL		
			FSL / FNL		FEL / FWL		
1,000			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

<sup>\*</sup> 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.