

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

KDOR: 106307 205193

Check Applicable Boxes

Effective Date Of Transfer 6/30/98

[X] Oil Lease: No. of Wells 2

Lease Name Tjaden "G"

[] Gas Lease: No. of Wells _____

_____ Sec 13-T30S-R8W

[] Saltwater Disposal Well

Legal Description of Lease South 100 Acres of
the NW/4 and N/2 SW/4 Section 13.

Docket Number _____

County Kingman

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

Production Zones Mississippi Chat

[] Enhanced Recovery Proj.

Docket Number _____

Injection Zones _____

Entire Project: YES/NO

Number of Injection Wells _____

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:

Phone: (303) 573-5100

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

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

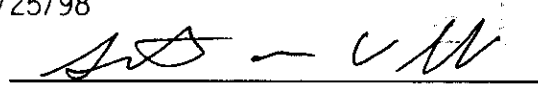
Phone (303) 573-5100

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

Oil/Gas Purchaser Trident

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

MUST BE FILED FOR ALL WELLS

*Lease Name Tjaden "G"

*Location Kingman County

Well #	API#/ Year Drilled, Pre 67	Footage From Section Line	Type Of Well	Status
1	12/7/56 <i>15-095-01184-0001</i>	<i>2970</i> 330' FSL 660' FWL	OIL	PROD.
2	56 <i>15-095-20616-0000</i>	1650' FWL 710 FSL 330' FWL 1980 FWL	OIL	PROD.