KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 June 2000 Form must be Typed Form must be Signed All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE POND PERMIT

Check Applicable Boxes: $1000000000000000000000000000000000000$	Effective Date of Transfer: January 1, 2001		
	Lease Name:		
Gas Lease: No. of Wells 2 **			
** Side Two Must Be Completed.	Legal Description of Lease: All of Sec 26, Twp. 26S, R32W		
Saltwater Disposal Well - Docket No.	Legal Description of Loads.		
Spot Location: feet from N / S Line			
feet from E / W Line			
Enhanced Recovery Project Docket No.	County: Finney		
Entire Project: Yes No	Production Zone(s): Hugoton		
Number of Injection Wells**			
Field Name: Hugoton	Injection Zone(s):		
	feet from N / S Line of Section		
Surface Pond Permit #(API # If Drill Pit)	feet from E / W Line of Section		
·			
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit		
Past Operator's License No. 5269	Contact Person: Alan R. Hoffman		
Kansas Natural Gas, Inc	Phone: 785-625-7353		
Past Operator's Name & Address: Kansas Natural Gas, Inc	Date: June 5, 2001		
PO Box 818 Hays, KS 67601	Date:		
Title: Vice President	Signature: Clan H. Hoffman		
	Alan P. Haffman		
New Operator's License No. 32787			
New Operator's Name & Address: Kansas Natural Gas	Phone: 785-625-7353		
Operating, Inc. PO Box 818	Oil / Gas Purchaser: Amoco		
	Date: June 5, 2001		
Hays, KS 67601	Signature: Clan A. Hoffman		
Title: Vice President	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Cor Corporation Commission records only and does not convey any owners.	on authorization, surface pond permit # has been rporation Commission. This acknowledgment of transfer pertains to Kansas ship interest in the above injection well(s) or pond permit.		
Corporation Commission records only and access not convey any			
	is acknowleded as the		
is acknowleged as the	RECEIVED		
new operator and may continue to inject fluids as authorized by	new operator of the above named ASASSASSTORPSARTION COMMISSION		
Docket # Recommended action:	L .		
DOURGE IT	_ JUN 1 3 2001		
Date:	CÓWSERVATIÓN DIVISION		
2/1/02 100 4 2002 2/02	1		

Must Be Filed For All Wells

* Lease Name:	Duesing 2	* Location: * Location:			
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)
2(1)_	15- <i>055-</i> 00669 1952	2540' Circle	2740' Circle	Gas	Prod
2-2	15-055-215740000	2689' ESVFNL	4030' FEI/FWL	Gas	Prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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

^{*} 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.