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

LUR 217168				
Check Applicable Boxes:	Effective Date of Transfer: January 1, 2001			
Oil Lease: No. of Wells**	Lease Name: F McCoy 1 Sec. 12 Twp. 29 R. 33 EVW Legal Description of Lease: All of Sec. 12, Twp. 29S, R33W			
Gas Lease: No. of Wells 2				
** Side Two Must Be Completed.				
Saltwater Disposal Well - Docket No.				
Spot Location: feet from N / S Line				
feet from E / W Line				
Enhanced Recovery Project Docket No.	County: Haskell Production Zone(s): Hugoton			
Entire Project: Yes No				
Number of Injection Wells** Field Name: Hugoton				
Field Name:	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 Plt Drill Pit			
Past Operator's License No. 5269	Contact Person: Alan R. Hoffman			
Past Operator's Name & Address: Kansas Natural Gas, Inc.	Phone: 785-625-7353			
P. O. Box 818, Hays, KS 67601	Date: June 5, 2001			
Title: Vice-President	Signature: alax R. Hoffman			
New Operator's License No. 32787	Contact Person: Alan R. Hoffman			
	Phone: 785-625-7353			
New Operator's Name & Address: Kansas Natural Gas				
Operating Inc., P. O. Box 818, Hays, Kansas 67601	Oil / Gas Purchaser: Armoco			
	Date: June 5, 2001			
Title: Vice-President	Signature: Clax 7. Soffman			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pond permit # has been			
_	pration Commission. This acknowledgment of transfer pertains to Kansas			
Corporation Commission records only and does not convey any ownershi				
	RECEIVED			
is acknowleged as the	is Advisoring to Sanda Commission in Sanda Com			
new operator and may continue to inject fluids as authorized by	ANSAS CORPORĂTION COMMISSIO			
Docket # Recommended action:	permitted by # JUN 1 3 2001			
Date:	Date:			
MAP 1 3 Authorized Signature	AuthCAPISERNATION DIVISION			

Must Be Filed For All Wells

* Lease Name:	API No. (YR DRLD/PRE '67)	* Location: Sec. 12-29S-33W			
Well No.		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-081-19000-0 1952	2540' Circle 2540' FSI) FNL	2540' Circle	GAS	PROD
1-2	15-081-20,642	3892' FSL)FNL	4030' FEDFWL	GAS	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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.