

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

KANSASCORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KANSAS 67202

Check Applicable Boxes:

Effective Date of Transfer 3/1/2002 Assignment date,
physical date 5/1/02

DOR 126655
[X] Oil Lease: No. of Wells 1

Lease Name HIGGINS

[] Gas Lease: No. of Wells ***
** SIDE TWO MUST BE COMPLETED**

S/2 - NE - NE Sec. 6 T.17S. R. 22 E/W

Legal Description of Leases SW 1/4 NE 1/4 W NENENE

[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

of sec 6-17S-22W

County NESS

[] Enhanced Recovery Project Docket No. _____
Entire project: Yes/No
Number of injection wells _____

Production Zone(s) KEYES SAND, MORROW

Field Name WEEKS NORTH Injection Zone(s) _____

Surface Pond Permit # _____ Feet from N/S Line of Section
(API NO. if Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit _____ Burn Pit _____ Storage Pit _____ Drill Pit _____

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 8061 ✓

Contact Person: JOHN S. WEIR

Past Operator's Name and Address:
OIL PRODUCERS, INC. OF KANSAS
P.O. BOX 8647
WICHITA, KS. 67208

Phone: 316-681-0231

Oil & Gas Purchaser NCRA

Title PRESIDENT

Signature John S. Weir

New Operator's License No. 30083 ✓

Contact Person Brian Gabel

New Operator's Name and Address

Phone 785-798-3122

GABS Oil Company

P.O. Box 405
NESS City, KS 67560

Oil & Gas Purchaser NCRA Seminole Transportation & Gathering
Date _____

Title Managing Partner

Signature Brian Gabel

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
acknowledgment 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 _____
Date _____

Authorized Signature

_____ is acknowledged as the
new operator of the above named lease containing
the surface pond permitted by # _____

Date _____

Authorized Signature

EP&R 6/17/2002 JUN 18 2002 UIC 6/02

MUST BE FILED FOR ALL WELLS

*LOCATION: 50' W of AVE NE NE

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/WSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

SCANNED

*LEASE NAME

Higgins

API NO.

(YR DRLD/PRE '67)

WELL NO.

15-135-23593

4950'

Circle
FSL/FNL 380' Circle
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 _____

Oil

Prod

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