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

√ DOR 2 04756	2 4/1/01		
Check Applicable Boxes:	Effective Date of Transfer: 4/1/01		
Oil Lease: No. of Wells**	Lease Name: WILLIAM KEIMIG 1-34 SW - NESW Sec. 34 Twp. 30S R. 9 EXW NESW Legal Description of Lease:		
X Gas Lease: No. of Wells			
** 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: KINGMAN Production Zone(s): MISSISSIPPIAN		
Entire Project: Yes No			
Number of Injection Wells**			
Field Name: SPIVEY- GRABS	Injection Zone(s):		
Surface Pond Permit #	feet from N / S Line of Section		
(API # If Drill Pit)	feet from E / W Line of Section		
A Sum Dit	Storage Pit Drill Pit		
Identify: Emergency Pit Burn Pit	J Storage Fit.		
Past Operator's License No. 9663	Contact Person: NTTA MORRTS		
Past Operator's Name & Address: PIONEER EXPLORATION, CO.	Phone: 281-893-9400		
15603 KUYKENDAHI., SUITE#200HOUSTON, TX77090-36	, / /) ¬ / /		
Title: OPERATIONS ASST.	Signature:		
New Operator's License No. 32825	Contact Person: NITA MORRIS		
New Operator's Name & Address: PIONEER EXPLORATION, LTD	Phone: 281-893-9400		
15603 KUYKENDAHL, SUITE#200	Oil / Gas Purchaser: KANSAS GAS SERVICE		
HOUSTON, TX 77090-3655	Date: 4/27/01		
Title: OPERATIONS ASST.	Signature:		
The.			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pond permit # has been		
	ration Commission. This acknowledgment of transfer pertains to Kansas		
Corporation Commission records only and does not convey any ownership			
is acknowleged as the	is acknowleged as the		
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pond		
	new operator of the above named lease containing the surface pond		
Docket # Recommended action:	permitted by #		
Date:	Date:		
Authorized Signature	Authorižed Signature		





Must Be Filed For All Wells

* Lease Name	WILLIAM KEIMIG 1-34		SEC.34 T34S-R9W				
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)		
1-34	0657 15-095-0 0508	1650 Circle FSL FNL	1650 Circle	GAS	PROD.		
		FSL/FNL	FEL/FWL	· .			
		FSL/FNL	FEL/FWL				
		FSL/FNL					
		FSL/FNL	FEL/FWL				
			FEL/FWL		· · · · · · · · · · · · · · · · · · ·		
		FSL/FNL					
		FSL/FNL					
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		FSL/FNL_					
			•				
	-						
			FEL/FWL				
							
		FSL/FNL _	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	<u> </u>	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.