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

RECEIVED
OCT 17 2001
KCC WICHITA

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes:
NOR223017
[ ] Oil Lease: No. of Wells _____ **
[X] Gas Lease: No. of Wells 1 **
** SIDE TWO MUST BE COMPLETED **

[ ] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line
[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____ **

Field Name BUTTERMILK EAST

Effective Date of Transfer 8-1-01
Lease Name HOFFMAN TRUST
__-__-__-__ Sec 8 T 34 R 18 (W)E
Legal Description of Lease: SE/4 SEC. 6; N/2 SEC 7; NW/4 SEC 8 in 34-18W
County COMANCHE
Production Zone(s) MISSISSIPPI
Injection Zone(s) _____

Surface Pond Permit # _____ (API No. 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. 32429
Past Operator's Name and Address:
CRAWFORD OIL & GAS, INC,
PO BOX 51
COMANCHE, KS. 67029
Title President

Contact Person: C M CRAWFORD
Phone: 620-582-2612
Date 9-18-01
Signature X

New Operator's License No. 32899
New Operator's Name and Address
COMANCHE OPERATING, LLC
4400 N BIG SPRING ST.
STE C-26
MIDLAND, TX. 79705
Title ATTORNEY GORDON B. SELL

Contact Person GREGG RUAN
Phone _____
Oil/Gas Purchaser PRC L.C.
Date 9-19-01
Signature

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record 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 _____

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 11/21/01 PROD NOV 27 2001 UIC 11/01

Form T1 7/95

MUST BE FILED FOR ALL WELLS

T1 7/94

*LEASE NAME HOFFMAN TRUST *LOCATION: 8-34-18

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	15033 21068 ✓ 20168 0000	380	Circle FSL/FNL	330	Circle FEL/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 se