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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 OPERATO KCC WICHITA TRANSFER OF INJECTION OR SURFA

DOR 122647	December 1, 2001
Check Applicable Boxes:	Effective Date of Transfer: December 1, 2001
Oil Lease: No. of Wells**	Lease Name: Paxson 11-1
Gas Lease: No. of Wells**	E/2 - E/2 - Ne/- Sec. 11 Twp. 8s R. 24 E
** Side Two Must Be Completed.	
Saltwater Disposal Well - Docket No.	Legal Description of Lease:
Spot Location: feet from N / S Line	NE/4 of section 11-8s-24w 160 acres
feet from E / W Line	
Ephanced Recovery Project Docket No	County: Graham
Entire Project: Yes No	
Number of Injection Wells**	Production Zone(s): 1kc
Field Name:pRAXSON	Injection Zone(s):
Surface Pond Permit #(API # If Drill Pit)	feet from N / S Line of Section
(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. 6861 ✓	Contact Person: Ron Nickleson
Past Operator's Name & Address: Ron's Oil Operations, Inc.	Phone: 785-421-2315
RFD 1 Bjox 112 Penokee, Kansas 67659	Date: April 2, 2002
Title: Owner/Operator	Signature: Ron Michelson
New Operator's License No. 31008	Contact Person: Paul or Terrii Bowman
New Operator's Paul Bowman Oil Company	Phone:_785-434-2633
801 Codell Road	
	Oil / Gas Purchaser: NCRA
Codell, Kansas 67663-8500	Date: April 2, 2002
Title: Owner/Operator	Signature X Paul By Brown
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pond permit # has been
	oration Commission. This acknowledgment of transfer pertains to Kansas
Corporation Commission records only and does not convey any ownershi	
Outporation Commission records only and doce not convey any emission	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
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
Docket # Recommended action:	permitted by #
	potititiod by it
Date:	Date:
Date:	Authorized Signature
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Must Be Filed For All Wells

Paxson 11-1 * Lease Name: * Location: _ C OF Well No. API No. Footage from Section Line Type of Well Well Status (YR DRLD/PRE 67) (i.e. FSL = Feet from South Line) (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned) 15-065-22130 Circle Circle ESDFNL 380 3800 CFEDFWL PRODUCING OTI C OF E NE FSL/FNL _ _ FEL/FWL FSL/FNL _____ FEL/FWL FSL/FNL _ __ FEL/FWL FSL/FNL _ _ FEL/FWL F\$L/FNL _ __ FEL/FWL FSL/FNL _____FEL/FWL FSL/FNL _ _ FEL/FWL FSL/FNL _ _ FEL/FWL FSL/FNL _____ FEL/FWL FSL/FNL _ _____ FEL/FWL __ FEL/FWL FSL/FNL _ FSL/FNL _ __ FEL/FWL FSL/FNL __ _____FEL/FWL _ FEL/FWL FSL/FNL _ . 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 _ F\$L/FNL _____ FEL/FWL

A separate sheet may be attached if necessary

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^{*} 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.