OR TRANSFER OF SURFACE POND PERMIT	KANSAS CORPORATION COMMISSION ATION COMMISSOONSERVATION DIVISION 130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202
Check Applicable Boxes:	Effective Date of Transfer 12/31/01
CONSERV	ATION DIVISION CHITA, KS Lease Name BOHNSTENCEL
X Gas Lease: No. of Wells 1 **  ** SIDE TWO MUST BE COMPLETED **	
Spot Location: feet from N/S Line feet from E/W Line	Legal Description of Lease: <u>SE/4 S16-28S-37W</u>
Enhanced Recovery Proj. Docket No Entire project: Yes □ No □	County GRANT
Number of injection wells**	Production Zone(s) CHASE
Field Name HOGOTON	
******	**********
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
*********	********
Past Operator's License No. 31352	Contact Person: SUE SELLERS
Past Operator's Name and Address VASTAR RESOURCES, INC.	Phone (281) 366-2052
15375 MEMORIAL DRIVE	Date 11/30/01
HOUSTON, TX 77079	SS
Title STAFF ASSISTANT	Signature 5 5
New Operator's License No	Contact Person: STE SELLERS
New Operator's Name and Address	Phone (281) 366-2052
AMOCO PRODUCTION COMPANY	Oil/Gas Purchaser <u>ap energy-Dry Gas/Duke energy-NGLS</u>
P. O. BOX 3092, ROOM 3.329 HOUSTON, TX 77253-3092	Date 11/30/01
-	Signature Sun Sul
Title STAFF ASSISTANT	**************************************
surface pond permit # has of the Kansas Corporation Commission. The Corporation Commission records only and delinication well(s) or pond permit	above request for transfer of injection authorization, been noted, approved and duly recorded in the records his acknowledgement of transfer pertains to Kansas bes not convey any ownership interest in the above
is acknowledged	is acknowledged as the new
as the new operator and may continue to inject fluids as authorized by Docket #	operator of the above named lease containing the
Date	Date
Authorized Signature	Authorized Signature
Fran 3/14/02 PMAR 15 2002 3/02	Form T1 7/94

*When each								•								<b> </b>	WELL NO.	* LEASE
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	A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY	•	•	•	•	•	•	•	•		•	Γ-	F		Г			
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