| REQUEST FOR CHANGE OF OPERATOR  TRANSFER OF INJECTION AUTHORIZATION CORRESPONDED COMMISS  OR TRANSFER OF SURFACE POND PERMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | KANSAS CORPORATION COMMISSION ©ONSERVATION DIVISION 130 S MARKET, ROOM 2078                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| DEC 12 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WICHITA, KANSAS 67202                                                                                                             |
| Check Applicable Boxes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Effective Date of Transfer 12/31/01                                                                                               |
| Oil Lease: No. of Wells CONSERVATION DIVISION WICHTA, KS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lease Name HICKOK, LORA M.                                                                                                        |
| X Gas Lease: No. of Wells 1 ** SIDE TWO MUST BE COMPLETED **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>SE SE NW_Sec_34_T_28s_R_38w_</u> W/E                                                                                           |
| Saltwater Disposal Well - Docket No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Legal Description of Lease: SE/4 S34-285-38W                                                                                      |
| Spot Location: feet from N/S Line feet from E/W Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LESS RR R/W                                                                                                                       |
| Enhanced Recovery Proj. Docket No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | County CRANT                                                                                                                      |
| Entire project: Yes 🗆 No 🗆                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   |
| Number of injection wells**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Production Zone(s) CHASE                                                                                                          |
| Field Name HUGOTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |
| ******************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| Past Operator's License No. 31352 Contact P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | erson; <u>sue sellers</u>                                                                                                         |
| Past Operator's Name and Address Phone (281) 366-2052  VASTAR RESOURCES, INC.  15375 MEMORIAL DRIVE Date 11/30/01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |
| HOUSTON, TX 77079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N N                                                                                                                               |
| Title STAFF ASSISTANT Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Drug Drug                                                                                                                         |
| New Operator's License No Contact P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | erson; <u>sue sellers</u>                                                                                                         |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1)366-2052                                                                                                                        |
| AMOCO PRODUCTION COMPANY P. O. BOX 3092, ROOM 3.329 Oil/Gas P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | urchaser <u>BP ENERGY-DRY GAS/DUKE ENERGY-NGLS</u>                                                                                |
| HOUSTON, TX 77253-3092 Date 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /30/01                                                                                                                            |
| Title STAFF ASSISTANT Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dan Adres                                                                                                                         |
| ACKNOWLEDGEMENT OF TRANSFER: The above requirements of the Kansas Corporation Commission. This acknowledge complete control commission records only and does not confine the management of the Kansas Corporation Commission records only and does not confine the management of the control commission records only and does not confine the control commission records only and does not confine the control commission records only and does not confine the control commission records only and does not confine the control commission records only and does not confine the control control commission. | d, approved and duly recorded in the records wledgement of transfer pertains to Kansas convey any ownership interest in the above |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | is acknowledged as the new                                                                                                        |
| as the new operator and may continue to inject operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                   |
| Date Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Authorized Signature                                                                                                              |

Form T1 7/94