REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT								
*********	MICHILM, KAMPAD 0,202							
Check Applicable Boxes:	Effective Date of Transfer 1-1-97							
[ ] Oil Lease: No. of Wells **	Lease Name #1 Blythe							
[ } Gas Lease: No. of Wells **  ** SIDE TWO MUST BE COMPLETED **	SW-SW-NE- Sec_1 T_31S R_32W W/E  Legal Description of Lease: All of							
[ ] Saltwater Disposal Well - Docket No. Spot Location: feet from N/S feet from E/W	S Line Section 1-31S-32W							
[ ] Enhanced Recovery Proj. Docket No Entire project: Yes/No								
Number of injection wells**	Production Zone(s) Hugoton gas pay							
Field Name	Injection Zone(s)							
******	**********							
Surface Pond Permit # (API No. If Drill P:	Feet from N/S Line of Section							
(API No. If Drill P:	it) Feet from E/W Line of Section							
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit U							
*****	**********							
Past Operator's License No. 06230	Contact Person: Bill Carlisle							
	216 624 1664							
Past Operator's Name and Address: First National Oil, Inc.	Phone: 316-624-1664							
23 E. 11th Street	Date January 7 1997							
Liberal, Kansas 67901								
Title Manager	Signature Margaret Alguna							
***********	*******							
New Operator's License No. 21606	Contact Person Verston Withers							
New Operator's Name and Address Preston Withers Western Pacific Farms, Inc.	Phone 316-668-5630							
Rt. 1 Box 72	Oil/Gas Purchaser & wm							
Copeland, Kansas 67837								
	Date 1-1-17							
to de	J) fr Idle							
Title Owner	Signature Kuluk							
ACKNOWLEDCEMENT OF TOURSEPED. The shows	request for transfer of injection authorization,							
surface pond permit # has bee	en noted, approved and duly recorded in the record:							
of the Kansas Corporation Commission. Th	is acknowledgement of transfer pertains to Kansas							
Corporation Commission records only and do	oes not convey any ownership interest in the above							
injection well(s) or pond permit.								
is acknowledged	is acknowledged as the							
as the new operator and may continue to								
inject fluids as authorized by Docket #	- 1							
. Recommended action								
- Haraman - Har								
DateAuthorized Signature	DateAuthorized Signature							
Authorized Signature	Authorized Signature							

## MUST BE FILED FOR ALL WELLS

					14.5			20						Ā	#1	WELL NO.	*LEASE NAME
															1954	API NO. (YR DRLD/PRE '67)	# Blythe
														A .	330	FOOTAGE	*LOCATION:
FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	Circle FSL/FNL 330	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	ON: SW SW NE
FEL/FWL	_ FEL/FWL	_ FEL/FWL	_ FEL/FWL	FEL/FWI	FEL/FWL	_ FEL/FWL	_ FEL/FWL	_ FEL/FWL	FEL/FWL	_ FEL/FWL	FEL/FWL	_ FEL/FWL	FEL/FWL	FEL/FWL	Circle FEL/FWL	NE ch Line)	
				8 8											Gas	TYPE OF WELL (OIL/GAS INJ/WSW)	
7 - 7															producing	WELL STATUS (PROD/TA'D ABANDONED)	

## A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

each lease If a lease covers more than one section please indicate which section each well is located. \*When transferring a unit which consists of more than one lease please file a separate side two for