TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

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

****

Check Applicable Boxes:

Effective Date of Transfer 01/01/97

[X] Oil Lease: No. of Wells _____ **

Lease Name Honn AB

[X] Gas Lease: No. of Wells 4 **

__ - __ - __ - __ Sec 20 T 31S R 8 W/E

** SIDE TWO MUST BE COMPLETED **

[ ] Saltwater Disposal Well - Docket No. _____

Legal Description of Lease: _____

Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

E/2 SW/4 and W/2 SE/4

[ ] Enhanced Recovery Proj. Docket No _____

County Harper

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Mississippi

Field Name Spivey-Grabbs

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 5003

Contact Person: _____

Past Operator's Name and Address:
McCoy Petroleum Corp.
3017 N. Cypress
Wichita, KS 67226-4003

Phone: 316/636-2737

Date 1/15/97

Title President

Signature Jon Lacy McCoy

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New Operator's License No. 4706

Contact Person Jon F. Messenger

New Operator's Name and Address
Messenger Petroleum Inc.
1015 E. Hwy 54
Kingman, KS 67068

Phone 316/532-5400

Oil/Gas Purchaser Koch/Trident

Date 1/15/97

Title President

Signature Jon F Messenger 1-15-97

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

Form T1 7/94

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Honn AB

*LOCATION: _____

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)
			Circle		Circle		
A-1	15-077-20712	2310	(FSL)/FNL	1980	FEL/(FWL)		
A-2	15-077-20925	990	(FSL)/FNL	1980	FEL/(FWL)		
B-1	15-077-20873	2310	(FSL)/FNL	2310	(FEL)/FWL		
B-2	15-077-20903	990	(FSL)/FNL	2310	(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 MA E ATTACHED IF NECESSARY