REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT								
*****	市市市市市							
Check Applicable Boxes:	Effective Date of Transfer							
[X] Oil Lease: No. of Wells **	Lease Name Ida K. Heinson							
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	Sec 29 T 33S R 29W W/E Legal Description of Lease:							
[] Saltwater Disposal Well - Docket No feet from N/S feet from E/W	C, NW/4, SW/4, NE/4							
[] Enhanced Recovery Proj. Docket No	County Meade County							
Entire project: Yes/No Number of injection wells**	Production Zone(s) Morrow							
Field Name Singley Field	Injection Zone(s)							
Surface Pond Permit # (API No. If Drill Pi	Feet from N/S Line of Section Feet from E/W Line of Section							
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit							
*********	**********************							
Past Operator's License No. 31932	Contact Person: Bob Stevens							
Day On what a Name and Address	Phone: 915-699-1410							
Past Operator's Name and Address: Stevens:&!Tull, Inc.	Filone: 913-099-1410							
P.01.aBox 11005 702	Date							
Midland, TX 797022								
	Signature Column							
New Operator's License No. 32243	Contact Person Jim Williams							
New Operator's Name and Address	Phone 307-587-2445							
Nielson & Associates, Inc. P.O. Box 2850	Oil/Gas Purchaser							
Cody, WY 82414	4.77.100							
San Transfer of the Control of the C	Date							
Title Jim Williams, President	Signature James M. Mouris							
**************	**********							
ACKNOWLEDGEMENT OF TRANSFER: The above	request for transfer of injection authorization,							
surface pond permit # has been	n noted, approved and duly recorded in the record:							
of the Kansas Corporation Commission. The	is acknowledgement of transfer pertains to Kansa:							
	des not convey any ownership interest in the above							
injection well(s) or pond permit.	HOME OF THE PARTY							
is acknowledged	is acknowledged as the							
as the new operator and may continue to	new operator of the above named lease containing							
inject fluids as authorized by Docket # . Recommended action	the surface pond permitted by #							
. Recommended accion	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Fig. 17 Mg 1 To 1 To 1 To 1	Care San Francisco							
Date	Date							
Authorized Signature	Authorized Signature Form T1 7/9							

MUST BE FILED FOR ALL WELLS

									2				V-	#3	#7	WELL NO.	*LEASE NAME
														5/8/56	5/7/58	API NO. (YR DRLD/PRE '67)	Ida K. Heinson
														330	1650'	FOOTAGE (i.e. FSI	*LOCATION:
FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL 990'	Circle FSL/FNL 990'	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	29-33S-29W								
_ FEL/FWL	FEL/FWL	FEL/FWL	_ FEL/FWL	_ FEL/FWL	_ FEL/FWL	FEL/FWL	Circle FEL/FWL	NE h Line)									
														011	0:1	TYPE OF WELL (OIL/GAS INJ/WSW)	
														Producing	Producing	WELL STATUS (PROD/TA'D ABANDONED)	

SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*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.