REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 S MARKET, ROOM 2078 WICHITA, KS 67202 010198_McDaniel B.pdf
Check Applicable Boxes:	Effective Date of Transfer 1/1/9%
[V]10il Lease No. of Wells	Lease Name McDonie OB
[] Gas Lease No. of Wells **SIDE TWO MUST BE COMPLETED**	SW-SW- NE- Sec. 28 T/5 TR 34 € 4 Legal Description of Lease: NE/4 4
Saltwater disposal Well-Docket No Spot Location: feet from N Line feet from E Line	28 -158-34W
Enhanced Recovery Proj Docket No	County Logar
Entire project: Yes	Production Zone(s) · Okerokee
Number of injection wells ** Field Name _ \(\omega_i \) dco	Injection Zone(s)
:	***********
Surface Pond Permit #	Feet from N Line of Section Λ
(API No. if Drill Pit)	Feet from E Line of Section
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit Drill Pit
**************	*****************
Past Operator's License No. 9552	Contact Person: Donald W. Sanders, Sr.
Past Operator's Name and Address: DWS Properties	Phone 316-278-3811
150 E. Forest	Date 1/1/98
Sterling, KS 67	Signature Donald W. Londer Sr.
Title President	Signature Nonobel W. Abroure St.
New Operator's License No. 30931	Contact Person: Charles Schmidt
New Operator's License No. 30931	Contact Ferson. Charles Schmidt
New Operator's Name and Address:	Phone 316-755-3523
Daystar Petroleum, Inc. 1321 W. 93rd N.	Date 1/2/98
Valley Center, KS 67147-9136	Oil/Gas Purchaser <u>Texoco</u>
Title President	Signature Muses Securior

ACKNOWLEDGMENT OF TRANSFER: The above requesurface pond permit # has been records of the Kansas corporation Commission. Kansas Corporation Commission records only and the above injection well(s) or pond permit.	n noted, approved and duly recorded in the This acknowledgment of transfer pertains to ad does not convey any ownership interest in
is acknowledged	is acknowledged as the new operator of the above named lease containing the surface point permitted by
as the new operator and may continue to inject fluids as authorized by Docket # . Recommended action	# STATE CORRESPONDED PERMITTED BY
Notominorated doctor	JAN 6 1908
	Date Authorized signature
DateAuthorized signature	i ings Form T1 7/97

T1 7/94

*LEASE NAME Mc Doniel B *LOCATION: NE of 28 -155.34W						
WELL NO.	API NO. (YR DRLD/PRE'67				TYPE OF WELL (OIL/GAS	
			ccle		_	
#1	15-109-20,255	2310 FS	L(FNL) 23/0	FEL/FWL	0,1	Prod
		FS	L/FNL	_ FEL/FWL		
		FS	L/FNL	_ FEL/FWL		
		FS	L/FNL	_ FEL/FWL		
		FS	L/FNL	_ FEL/FWL		
		FS:	L/FNL	FEL/FWL		
		FS:	L/FNL	_ FEL/FWL		•
		FS:	L/FNL	_ FEL/FWL		
		FS:	L/FNL	_ FEL/FWL		
		FS:	L/FNL	_ FEL/FWL		-
		FS:	L/FNL	_ FEL/FWL		-
		FS	L/FNL	_ FEL/FWL		
		FS:	L/FNL	_ FEL/FWL		
		FS	L/FNL	_ FEL/FWL		
		FS	L/FNL	_ FEL/FWL		Production of the Control of the Con
· · · · · · · · · · · · · · · · · · ·		FS	L/FNL	_ FEL/FWL		

A 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.