STATE CORPORATION COMMISSION CONSERVATION DIVISION 200 COLORADO DERBY BLDG. WICHITA, KS 67202

Effective Date of Transfer $A-1-96$	Check Applicable Boxes:
Lease Name DORSETT	[ ] Oil Lease: No. of Wells
3/ Sec. T 30 S R / 7 W/E	[X] Gas Lease: No. of Wells/
Legal Description of Lease:	[ ] Saltwater Disposal Well - Docket No. Spot Location: feet from N/S Line
County KIOWA	feet from E/W Line [] Enhanced Recovery Project Docket No. Entire project: Yes/No
Production Zone(s)	Number of injection wells
Injection Zone(s)	Field Name <u>AOK</u>
Surface Pond Permit #	Feet from N/S Line of Section
Identify: Emergency Pit Burn Pit	
List API#'s on <u>all</u> post-1967 wells transf	erred with lease:
**************************************	****************
Past Operator's License No. 05152	
Past Operator's Name and Address:	Phone: 316-267-0783
Lee Banks d/b/a Banks Oil Co. 200 W. Douglas, Suite 550, Wichita, Ks	Date 3/27/96
67202	
Titleowner	Signature / Lanke
*********** <del>*</del> ****	*** <del>*</del> **** <del>***</del> * <del>***</del> * <del>*</del> *********
New Operator's License No. 3959	Contact Person BRIAN SIROKY
New Operator's Name and Address  5 TROKY OIL MANAGEMEN	Phone 316-672-5713
Po Box 464	Oil/Gas Purchaser KG5
PRATT KS 67124	Date 3-29-96 /
Title PREST DENT	Signature Juli Asigli
**************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ACKNOWLEDGEMENT OF TRANSFER: The above	request for transfer of injection authorization,
surface pond permit # has bee	n noted, approved and duly recorded in the records
of the Kansas Corporation Commission. Th	is acknowledgement of transfer pertains to Kansas
Corporation Commission records only and do	es not convey any ownership interest in the above
injection well(s) or pond permit.	is acknowledgement of transfer pertains to Kansas ses not convey any ownership interest in the above
	COMO
is acknowledged	is acknowledged as the
as the new operator and may continue to	new operator of the above named lease convaining
inject fluids as authorized by Docket #	the surface pond permitted by #
. Recommended action	
	*
	* *
Date	Date
Authorized Signature	Authorized Signature
	Form T1 10/91