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, KANSAS 67202

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Check Applicable Boxes:

[x] Oil Lease: No. of Wells 1 **

[ ] Gas Lease: No. of Wells _____ **

** SIDE TWO MUST BE COMPLETED **

[x] Saltwater Disposal Well - Docket No. D-19,288
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____**

Field Name Skinner

Effective Date of Transfer 2/1/96

Lease Name THUNDERBIRD RANCH

__-__-__-__ Sec 19 T 31s R 14 W/E

Legal Description of Lease: S/2

County Barber

Production Zone(s) Simpson

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. 30261

Past operator's name and address:

Star Resources, Ltd.
150 N.Main, #922
Wichita, KS 67202-1317

✓Title Secretary-Treasurer

Contact Person: Donna Clasen

Phone: (316) 265-8844

✓Date Feb. 6, 1996

✓Signature Randall R. Anderson

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New Operator's License No. 6707 ✓

New Operator's Name and Address

ERVIN G. WALKER
RR 2 BOX 38-A
MEDICINE LODGE KS 67104

Title OPERATOR

Contact Person ERVIN G. WALKER

Phone (316) 739-4759

Oil/Gas Purchaser NCRA

Date X 2-7-96

Signature X Ervin G. Walker

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 22 1996
CONSERVATION DIVISION
WICHITA, KS

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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

MUST BE FILED FOR ALL WELLS

*LEASE NAME _____ *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 FSL/FNL		Circle 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		
			FSL/FNL		FEL/FWL		
			FSL/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.