REQUEST FOR CHANGE OF OFFICE OF 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 Feb. 1, 1997
그 마음 가장 아이들이 가장 가장 하는 것이 하는 것이 되었다.	VIINCED #1-7
[ ] Oil Lease: No. of Wells **	Lease Name KLINGER #1-7
[X] Gas Lease: No. of Wells 1 **  ** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease:
[ ] Saltwater Disposal Well - Docket No.  Spot Location: feet from N/S Li	the v/2
ieet irom E/W L.	Clark
[ ] Enhanced Recovery Proj. Docket No Entire project: Yes/No Number of injection wells**	
	Injection Zone(s)
Pield Name	
surface Pond Permit #	Feet from N/S Line of Section
Surface Pond Permit # (API No. If Drill Pit)	Feet from E/W Line of Section
Identify: Emergency Pit Burn Pit	
************	*************
Past Operator's License No. 5023 Co	
Past Operator's Name and Address: Ph	none: (316) 267-2266  February 18
Kansas Petroleum, Inc.	January 23, 1997
225 N. Mambat Suita 200	
Wichita, KS 67202 Title James Tasheff, President S.	ignatureaues lasses
**********	ontact Person James C. Remsberg
New Operator's License No. 30269 C	ontact Person <u>James C. Remsberg</u>
New Operator's Name and Address P	hone (316) 262-5111
Argent Energy, Inc. 110 S. Main, Suite 810	il/Gas Purchaser WESTERN RESOURCES
Wichita, KS 67202	2/11/27 1
	Date 3/11/11
Title James C. Remsberg, President	Signature Jamel ( Jemberg
**************	*****
has been	equest for transfer of injection authorization noted, approved and duly recorded in the record
of the Yangas Corporation Commission. This	s acknowledgement of transfer percains to kanst
Corporation Commission records only and doe injection well(s) or pond permit.	es not convey any ownership interest in the above
is acknowledged	is acknowledged as t
as the new operator and may continue to	new operator of the above named lease containi
inject fluids as authorized by Docket #	the surface pond permitted by
. Recommended action	Mary Mary Commencer of the Commencer of
Date	Date SA SA
Date Authorized Signature	Authorized Signature
Addiolized Signature	Form T1 7/