REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION	KANSAS CORPORATION COMMISSION J. H. CONSERVATION DIVISION							
OR TRANSFER OF SURFACE POND PERMIT	130 S MARKET, ROOM 2078							
	WICHITA, KANSAS 67202							
*******	****							
Check Applicable Boxes:	Effective Date of Transfer 2-8-96							
[ ] Oil Lease: No. of Wells **	Lease Name Irma Smith							
[X] Gas Lease: No. of Wells 1 **  ** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease: NE/4							
[ ] Saltwater Disposal Well - Docket No.  Spot Location: feet from N/S  feet from E/W	Line Line							
[ ] Enhanced Recovery Proj. Docket No								
Entire project: Yes/No Number of injection wells**								
Field Name Wildcat	Injection Zone(s)							
************	Feet from N/S Line of Section							
Surface Pond Permit # (API No. If Drill Pi	t) Feet from E/W Line of Section							
Identify: Emergency Pit Burn Pit								
*********	********							
Past Operator's License No. 6149	Contact Person: Donna Armistead S							
Past Operator's Name and Address:								
8100 E. 22nd Street North #1100	Date 2-8-96 3-5-96							
Wichita, Ks 67226	Signature Aboun armisteach							
Title Secretary	signature / Muse / Muse of the state of the							
	Contact Person Steve Jones							
New Operator's License No. 30116								
New Operator's Name and Address	Phone 316-549-6189							
Steve Jones	Oil/Gas Purchaser K&N Energy							
112 North Gray St. John, Ks 67576	Date 2-8-96							
	O. O.							
Title Owner	Signature Stones							
Title	********							
ACKNOWLEDGEMENT OF TRANSFER: The above	request for transfer of injection authorization,							
surface pond permit # has bee	n noted, approved and duly recorded in the record:							
of the Kansas Corporation Commission. Th	is acknowledgement of transfer pertains to Kansa:							
	oes not convey any ownership interest in the above							
injection well(s) or pond permit.								
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								
48.00 88								
£	Pate							
Date	DateAuthorized Signature							
Authorized Signature	Form T1 7/94							
	T							

## MUST BE FILED FOR ALL WELLS

								5							A-1	WELL NO.	*LEASE NAME
															1978	API NO. (YR DRLD/PRE '67) -	Irma Smith
FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNLFEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	Circle Circle 660 XESM/FNL 660 XF競孙/FWL	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION: NE/4 26-23-15W
															Gas	TYPE OF WELL (OIL/GAS INJ/WSW)	
			£												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.