REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT
****

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 S. MARKET, ROOM 2078
WICHITA, KS. 67202
Effective Date of Transfer 2-15-1998

Check Applicable Boxes:

[X] Oil Lease: No. of Wells 2 **

Lease Name Cox

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

__-__-__-__ Sec 9 T 31 R 9 W

SIDE TWO MUST BE COMPLETED

[ ] Saltwater Disposal Well - Docket No. _____

Spot Location _____ feet from N/S Line
_____ feet from E/W Line

Legal Description of Lease: W/2

[ ] Enhanced Recovery Project Docket No. _____

County Harper

Entire Project: Yes/No
Number of injection wells _____ **

Production Zone(s) Mississippian

Field Name Spivey-Grabs

Injection Zone(s) _____

****

Surface Pond Permit # _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit [ ] Burn Pit [ ] Storage Pit [ ]

****

Past Operator' s License No. 31532

Past Operator's Name and Address:
Bison Production Company
9320 E. Central
Wichita, KS 67206

Contact Person: Steven C. Anderson
Phone 316-636-1801

Date April 17, 1998

Title Vice President, Production

Signature _____

****

New Operator's License No. 31532

New Operator's Name and Address
Middle Bay Production Company, Inc.
9320 E. Central
Wichita, KS 67206

Contact Person: Steven C. Anderson
Phone 316-636-1801

Oil/Gas Purchaser Koch/Warren

Date April 17, 1998

Title Vice President, Production

Signature _____

****

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. 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 # _____

Date _____ _____
Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____

Date _____ _____
Authorized Signature

EPR

MUST BE FILED FOR ALL WELLS SIDE 2

*LEASE NAME COX *LOCATION: W/2 9-31S-9W

WELL NO	API NO (YR DRLD/PRE'67)	FOOTAGE FROM SEC. LINE (i.e. FSL= feet from south line) Circle FSL/FNL	Circle FEL/FWL	TYPE OF WELL (Oil/Gas Inj/WSW)	WELLSTATUS (Prod/TA'D Abandoned)
#1-9	15-077-21288-0000	330 FNL	1650 FWL	Oil/Gas	Producing
#1B-9	15-077-21333-0000	2310 FSL	330 FWL	Oil/Gas	Producing

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.