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

RECEIVED
KANSAS CORP COMM
1998 APR 22 A 11:34

Check Applicable Boxes:

Effective Date of Transfer 2-15-1998

[ ] Oil Lease: No. of Wells_____**

Lease Name Fleming A

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

__-C-SW SE Sec 8 T 31 R 8 (W)/E

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:_____
SE/4

[ ] 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

Contact Person: Steven C. Anderson

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

Phone 316-636-1801

Date April 17, 1998

Title Vice President, Production

Signature_____

****

New Operator's License No. 31532

Contact Person: Steven C. Anderson

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

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 Fleming A * *LOCATION: _ _C SW_SE 8-31S-8W

WELL NO	API NO (YR DRLD/PRE'67)	FOOTAGE FROM SEC. LINE (i.e. FSL= feet from south line)				TYPE OF WELL (Oil/Gas Inj/WSW)	WELLSTATUS (Prod/TA'D Abandoned)
		Circle FSL/FNL		Circle FEL/FWL			
#1A	11-22-63 15-077-00808	660	C SW SE	1980		Gas/Oil	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.